



**Congregation of St. John  
11227 W. Legion Hall Rd.  
Princeville, IL 61559  
309-385-1193**

### Registration for the Saint John Summer Conference - Minors

Dear Friend:

Greetings, and thank you for your interest in the Saint John Summer Conference with the Community of Saint John. To register for this event, all participants and chaperones must complete all of the requirements on this registration checklist:

Step 1. RSVP online by June 1 (enter your information into the online form and click "Send RSVP"). You can also send an RSVP e-mail to [eaglecentral@yahoo.com](mailto:eaglecentral@yahoo.com) by June 1.

Step 2. Complete the FOUR registration forms contained in this document: 1) *Saint John Summer Conference Registration and Release of Liability*; 2) *Congregation of St. John Permission Form*; 3) *Medical Information and Emergency Form*; 4) *Publicity Form*.

Step 3. Include, with your registration forms, the event participation fee of \$100. **For registration postmarked after June 10, please include a \$10 late fee.** Make checks payable to *Congregation of St. John*. **\*There is financial assistance available**, please consult the need-based financial assistance letter on *page 7* of this document. We hope to never refuse anyone because of an inability to pay.

Step 4. Mail all of the completed registration forms and your participation fee to:

Saint John Summer Conference  
c/o Community of St. John  
11227 W. Legion Hall Rd.  
Princeville, IL 61559

\*\*If you are requesting financial assistance, please wait to mail in your registration forms until you have been approved for financial assistance.

Don't hesitate to contact the Saint John Summer Conference Committee with your questions at: [eaglecentral@yahoo.com](mailto:eaglecentral@yahoo.com). Thank you for your time and we look forward to seeing you soon.

Sincerely,

Saint John Summer Conference Committee

**Saint John Summer Conference Registration - Minor**  
**June 17-20, 2010**

Name of Participant: \_\_\_\_\_

Birth date: \_\_\_\_\_ Gender: **Male / Female**

T-Shirt SIZE (circle one): **S / M / L / XL**

Address:

\_\_\_\_\_  
Street city state zip code

Home phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Do you play an instrument? Which one(s)?

\_\_\_\_\_

If yes, can you bring your instrument to the retreat (circle one)? **Yes / No**

Would you like to sing in the choir (circle one)? **Yes / No**

How did you learn about the Saint John Summer Conference?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Release of Liability

Name/Type of event: Saint John Summer Conference

Destination of event: St. Joseph Priory; Princeville High School, Princeville, IL. Sacred Heart Church/downtown Peoria, Peoria, IL.

Event Supervisor: Father Nathan Cromly, CSJ

Estimated start and end time: June 17, 2010 at 3 pm to June 20, 2010 at 2 pm

Cost of event: \$100; postmarked after June 10, 2010: + \$10 late fee

On this \_\_\_ day of \_\_\_\_\_, 20\_\_\_, intending to be legally bound hereby, the undersigned agrees and does hereby release from liability and to indemnify and hold harmless the Congregation of St. John, and any agents representing or related to the Congregation. This release is for any and all liability for personal injuries (including death) and property losses or damage occasioned by, or in connection with any activity or accommodations for the SAINT JOHN SUMMMER CONFERENCE. The undersigned further agreed to abide by all the rules and regulations promulgated by the Congregation of St. John and/or its affiliated groups and vendors throughout the duration of his or her time with the Congregation of St. John.

Name of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Parent/Guardian (if under 18): \_\_\_\_\_

Signature of Parent/Guardian (if under 18): \_\_\_\_\_

## Code of Conduct Agreement

While participating in this trip/event/program, I will accept responsibility for maintaining good conduct and appearance. I will listen attentively and will follow the event staff's directions at all times. I understand that the Congregation of St. John has the right to terminate my participation in the trip/event/program at any time if my conduct is not appropriate and/or if I fail to follow the event staff's directions.

Signature of participant: \_\_\_\_\_ Date: \_\_\_\_\_



## MEDICAL INFORMATION & EMERGENCY FORM

### Student/Minor:

Name (first, middle, last): \_\_\_\_\_

Address: \_\_\_\_\_

### Student/Minor's Regular Physician:

Name (first, middle, last): \_\_\_\_\_ Phone (including area code): \_\_\_\_\_

### Medical Conditions:

Please list any medical conditions of the student/minor (asthma, diabetes, epilepsy, etc.): \_\_\_\_\_

List any allergies or allergic reactions to medications of the student/minor: \_\_\_\_\_

List any medications the student/minor is presently taking: \_\_\_\_\_

Other pertinent medical information: \_\_\_\_\_

Date of student/minor's most recent tetanus shot: \_\_\_\_\_

Special Dietary Needs: \_\_\_\_\_

### Medical Insurance Information:

Company: \_\_\_\_\_

Plan Number: \_\_\_\_\_ Employee Identification #: \_\_\_\_\_

### Emergency Contacts

#### *Parent or Guardian*

Name (first, middle, last): \_\_\_\_\_ Phone (including area code): \_\_\_\_\_

#### *Other Contact*

Name (first, middle, last): \_\_\_\_\_ Phone (including area code): \_\_\_\_\_

Relationship (friend, neighbor, coworker, etc.): \_\_\_\_\_

## Authorization for Emergency Medical Treatment

This information will be kept in the possession of the Congregation of St. John. A copy will be distributed to the person in charge of each trip/event/program in which the student/minor participates. Should the need arise this information will be given to the proper medical authorities.

I, \_\_\_\_\_ [parent/guardian], understand that in the case of illness or injury to my child, \_\_\_\_\_ [child's name], the Congregation of St. John and will try to notify me or the person I have listed above as an emergency contact. In case of medical emergency concerning my child, at a time when I or my listed emergency contact cannot be notified, I grant full power to the Congregation of St. John and to (1) arrange for the transportation of my child, whether by ambulance or otherwise, to a proper facility where emergency medical treatment would normally be administered, including but not limited to, an emergency room of a hospital, a doctor's office, or a medical clinic; and (2) sign releases as may be required in order to obtain any medical or surgical treatment as is required in the judgment of medical authorities at the facility.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**This Authorization for Emergency Medical Treatment is valid for a period of one year, from June 1, 2010 through June 1, 2011.**

Congregation of St. John  
Diocese of Peoria

**PUBLICITY FORM-MINORS**

**June 1, 2010 - June 1, 2011**

On occasion, the Congregation of St. John named above takes photographs or makes an audio or video recording of children and/or adults involved in the Saint John Summer Conference or other youth activities. Such photographs or video records may be used by staff and participants to remember the activities or participants. In addition, such photographs and audio/visual recordings may be used in Congregation of St. John's publications or advertising materials to let others know about the Congregation of St. John and its ministries. Also, local news organizations may learn about the Congregation of St. John and its ministries, and the Congregation of St. John may invite or allow them to photograph or record such events to be used, distributed, or displayed as the agents of the Congregation of St. John see fit.

I hereby expressly grant to the Congregation of St. John named above, and/or the Diocese of Peoria the right, privilege and license to use the picture or likeness of my child/children in any photograph, movie, video production or any other forms of media publication and to use the verbal or written statements or declarations of my child/children for the purpose of publicizing, fostering and promoting the Congregation of St. John and its programs, or for any other purpose in furtherance of the mission of the Congregation of St. John, and/or the Diocese of Peoria.

Name of Student(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Printed name of Parent/Guardian

\_\_\_\_\_  
Printed name of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

## **Need-Based Financial Assistance For Saint John Summer Conference 2009**

Dear Young Person:

We are pleased that you are interested in attending the Saint John Summer Conference. Need-based financial assistance is available up to a full-fee waiver. To obtain financial assistance for the event, please provide us with the following:

1. Explain in writing the reasons for your financial need by sending an email request to Fr. Nathan Cromly at [fathernathan@soaringforwisdom.com](mailto:fathernathan@soaringforwisdom.com). Please include "Financial Assistance Request for YOUR FULL NAME" in the subject line.
2. Complete all required registration and permission forms.
3. Volunteer during the Saint John Summer Conference, Thursday, June 17 through Sunday, June 20, 2010. Recipients of financial assistance will have the joy of being able to help staff the event by assisting with food distribution, cleaning, set-up and break-down and/or additional event support.

Financial assistance opportunities may be limited and will be considered based on each participant's need and in the order in which requests are received. We will do our utmost to ensure that no one is turned away due to an inability to pay.

Thus far, no one has been turned away from an event because of financial concerns. Pray for us that we may continue to welcome every young person who desires to attend.

Sincerely in Christ,

Saint John Summer Conference Committee