Steubenville Conference – Summer 2025
Incoming 9th Grade through 2025 Graduates
1820 Fulton Street
Falls City, NE 68355
(402) 245-4151

Steubenville Conference, Springfield, MO
July 11-13, 2025
COST = $350
The cost covers: meals, transportation, conference fee, lodging, and t-shirt.
The total cost is subject to decrease based upon the number of students registered for our group

---

Personal Info

Name of Student: _____

Student Email _____ Student's Cell_____ Gender M / F   Grade_____

T-Shirt Size _____   Parish / Church _____

Allergies/MedicalProblems/Disabilities_____

Contact Info

Mother/Guardian Name_____   Parent Email_____

Mother/Guardian Name Address _____

City/State/Zip_____   Phone _____

Father/Guardian Name_____   Parent Email_____

Father/Guardian Name Address _____

City/State/Zip_____   Phone _____

If parent cannot be reached, call _____Phone _____

Health Insurance Info

Health Insurance Company _____   Policy Number _____

Family Physician _____   Physician's Number _____

Waiver of Liability

I, the Parent (Guardian), of _____ after having received all of the desired information about the above named activity and after having all my questions answered, I hereby give my permission for his/her participation in the above-named activity. I am not aware of any physical or psychological conditions of my child which would render him/her unable to participate in the above name activity.

I agree to direct my child to cooperate and conform to directions and instructions of parish, school or diocesan personnel responsible for this activity.

In consideration for the student listed above ("Student") being permitted to attend the Steubenville Conference with Falls City Sacred Heart Catholic School, I hereby waive, release and discharge Falls City Sacred Heart Catholic School and its directors, officers, agents, employees and volunteers (collectively the "Released Parties"), from any and all claims, causes of action, injuries, damages, expenses, costs, and fees arising out of or related to the negligence of the Released Parties. I understand this waiver and release means I cannot file a lawsuit or otherwise recover damages for any injuries, damages, expenses, or losses incurred by the Student or Parents, as a result of the Released Parties negligence, during the Student's travel to or participation in the Steubenville Conference with Falls City Sacred Heart Catholic School.

I, hereby give permission to the physician, nurse, dentist, or licensed care staff selected by the supervisory personnel then present to render medical, dental, or other appropriate treatment (including over- the-counter medication/prescription) deemed necessary and appropriate by the physician, nurse, dentist, or licensed care staff.

I, hereby authorize the making of photographs, motion pictures, video tapes, recording, or other memorializing of said event and my child's participation therein, and the publication and duplication or other use thereof. I hereby waive any rights to compensation or any rights that I otherwise might have limit or to control such making or use.

Parent/Guardian Signature _____   Date _____

Student Signature _____   Date _____

$100 Non-Refundable Deposit due with Registration Due __1/17/2025___ All Fees- All fees due _3/7/2025___
Send form and fees to Falls City Sacred Heart School – Attn: Father Caleb Hile