

CHURCH OF THE ASSUMPTION SACRAMENT PREPARATION REGISTRATION

2017-2018 SCHOOL YEAR

ARCHDIOCESE OF CINCINNATI PERMISSION, RELEASE AND MEDICAL POWER OF ATTORNEY

1. I, the lawful parent or guardian of the “child/ren”, give permission for my child to participate in the activity described on the *Activity Information* form and release from all liability and indemnify the Archbishop of Cincinnati (“the Archbishop”), both individually and as trustee for the Archdiocese of Cincinnati and all parishes and schools within the Archdiocese (the “Archdiocese”), and their officers, agents, representatives, volunteers, and employees from any and all liability, claims, judgments, cost and expenses, including attorneys’ fees, arising out of any injury or illness incurred by my child while participating in or traveling to or from the activity and further agree not to bring or prosecute or allow to be brought or prosecuted (including but not limited to prosecution through subrogation) in my name, or on behalf of my Child, any claims, lawsuits or actions against the Archbishop, the Archdiocese, and their officers, agents, representatives, volunteers and employees.
2. I further understand that my Child’s participation is purely voluntary and is a privilege and not a right, and that my Child, and I on behalf of my Child, elect to participate in spite of the risks.
3. I agree to instruct my child to cooperate with the Archbishop or his agents in charge of the activity.
4. I appoint the Archbishop or his agents who are acting as leaders of the activity as my attorney in fact to act for me in my name and my behalf, in any way that I would act if I were personally present, with respect to the following matters if any injury, illness or medical emergency occurs during the activity or related travel:
 - (i) To give any and all consents and authorizations to any physicians, dentist, hospital or other persons or institutions pertaining to any emergency medications, medical or dental treatments, diagnostic or surgical procedures or any other emergency actions as our attorney shall deem necessary or appropriate for the best interest of the Child.
 - (ii) I understand that the agents of the Archbishop will make a reasonable attempt to contact me as soon as possible in the event of a medical emergency involving my child.
5. This power of attorney shall lapse automatically upon completion of the activity and related travel.
6. I agree that the Archbishop or his agents may use my child’s portrait or photograph for promotional purposes, website and office functions and use social media and technology to communicate to my child regarding ministry related activities. (Facebook, texting, etc.)
7. This acknowledgement and release is intended to be as broad and inclusive as permitted by the law of the State of Ohio, and if any portion hereof is declared invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This acknowledgement and release shall be construed in accordance with the laws of the State of Ohio, except for the choice of law provisions thereof.

I have carefully read and understand and accept the terms and conditions stated herein and acknowledge that this Permission, Release and Medical Power of Attorney shall be effective and binding upon me, my Child, and my own and my Child’s personal representative or estate, assigns, heirs, and next of kin and that I have signed this agreement of my own free will.

Signature of Parent or Guardian	Date
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Activity Information

Church Agency Church of the Assumption	Group or Program Children’s Faith Formation Sacrament Preparation
Starting Date Sunday, August 27, 2017	Ending Date Sunday, May 6, 2018
Usual Location; Day; Time Assumption Church 7711 Joseph St, Mt Healthy, OH 45231; Sundays; 9:50AM – 10:50AM	
Routine Activities Class instruction; crafts; reading; videos; discussions; praying; singing; games (some light physical activity)	
Program Leader Adam Couch	Program Leader Telephone Number 513-521-7274
Program Leader Email faithformation.assumption@gmail.com	
Other Information Class calendar included. Delays and closures will be made via phone blast to best contact selected (next page)	

Family Registration Information

Last Name		
Mother Legal Name (full name)		
Mother Maiden Name		
Father Legal Name (full name)		
Home Address	City	Zip
Best/Emergency Contact Name (Select 1 Parent/Guardian)		
Mother/Guardian Phone #	H	C
Father/Guardian Phone #	H	C
Mother/Guardian Email		
Father/Guardian Email		

Emergency Contacts (other than mother/father/guardians)

Contact 1 Name	Home Phone	Cell Phone
Contact 2 Name	Home Phone	Cell Phone

Family Medical Insurance Information

Medical Insurance Company		Medical Policy #
Policy Holder Name	Policy Holder Birth Date	Policy Holder SSN *
Policy Holder Home Phone	Policy Holder Cell Phone	
Family Doctor		Doctor Phone #

* Social Security Number is **optional**. Please note that some hospitals WILL NOT treat without it. **Last 4 digits is acceptable.**

Individual Child Information

Personal Information

Child's Name (full legal name)			
Preferred Name			
Birth Date	Birth City, State	Child SSN *	
School Currently Attending			Grade Level
Sacraments Received (Please Check), Location & Date Received	Baptism (Date & Location):		
	Reconciliation (Date & Location):		
	Holy Communion (Date & Location):		
	Confirmation (Date & Location):		
Allergies			
Medications			
Chronic Conditions			

* Social Security Number is **optional**. Please note that some hospitals will not treat without it. **Last 4 digits is acceptable.**

Personal Medical Insurance Information

Please complete if different from family medical information

Medical Insurance Company		Medical Policy #	
Policy Holder Name	Policy Holder Home Phone	Policy Holder Cell Phone	
Policy Holder Birth Date		Policy Holder SSN *	
Family Doctor		Doctor Phone #	

* Social Security Number is **optional**. Please note that some hospitals will not treat without it. **Last 4 digits is acceptable.**

FOR OFFICE USE ONLY – PLEASE LEAVE BLANK

Sacrament(s) Received		1st Reconciliation		1st Holy Communion		Confirmation
Date & Location						
PDS	Family Card	Bulletin	Baptismal Book	1st Communion Book	Confirmation Book	Newsletter
Mother Maiden Name						

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Birth Date	Birth City, State	Child SSN *	
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