

High School Youth Ministry ON-GOING ACTIVITY FORM



Church: BELLARMINE CHAPEL **Program/Group:** Bellarmino Youth Group

Starting Date: SEPT. '07 **Ending Date:** MAY '08 **Fee:** (As advertised) per/event

Usual Location: PARISH CENTER **Usual Time:** WEDNESDAYS 7- 9:00PM.

Routine Activities: GAMES, DISCUSSION, FOOD, FUN

Group Leader: SUE ANTOINETTE **Wk Phone #:** 513 745-4224

Other Information: Home Phone: 513 961-3566 Cell Phone 513 289-6457

Signature of Parent or Guardian

Date

Archdiocese of Cincinnati - Permission, Release and Medical Power of Attorney

1. I, the lawful parent or guardian of _____ (name of youth), give permission for my son/daughter to participate in the activity described above and release from all liability and indemnify the Archbishop of Cincinnati, both, individually and as trustee for the Archdiocese of Cincinnati and all parishes within the Archdiocese, and their officers, agents, representatives, volunteers, and employees from any and all liability, claims, judgments, cost or expenses, including attorney fees, arising out of any injury or illness incurred by my son/daughter while participating in or traveling to or from the activity.
2. I agree to instruct my child to cooperate with the Archbishop or his agents who are the acting leaders of the activity. I accept full responsibility for any property damage or bodily injury which results from my son's/daughter's failure to follow the rules or instructions of the adult sponsors. I understand that I will be called to pick up my daughter/son if s/he violates rules by smoking, drinking, drugging or any behavior that is extremely disruptive to the community or events for participants.
- 3a. I appoint the Archbishop or his agents who are the acting 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, dentists, hospital or other persons or institutions pertaining to any emergency medications, medical and 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 youth. I also understand that I will be responsible for any medical expenses incurred.
 - (ii) I understand the agents of the Archbishops will make a reasonable attempt to contact me as soon as possible in the event of a medical emergency involving my child.
- 3b. This power of attorney shall lapse automatically upon completion of the activity and related travel or with the accompaniment or arrival of the parent/guardian.
4. I have **ATTACHED a COPY of my INSURANCE CARD** to this form or have a current one on file with Bellarmine's Youth Ministry, so my son/daughter/self can be given immediate care if necessary.
5. I agree that the Archbishop or his agents may use my son/daughter's portrait, or photograph for websites, and office functions.

I have carefully read this statement, and my signature acknowledges that I fully understand the content and meaning.

Signature _____
(circle one) Father, Mother, Legal Guardian or Participant if 18 years old or over)

Date signed

Dates Valid