



# YOUTH REGISTRATION Mission Outreach Retreat Experience Harlan, KY

My son/daughter has my permission to participate in this Youth Ministry Activity organized by employees and volunteers of Bellarmine Chapel.

Agency: Bellarmino Chapel Activity: Rehab & Building Ministries Location: Harlan, KY

Emergency Phone: Sue 513-289-6457, Holy Trinity 606 -573-6311, COAP 606-573-9853

Starting Date/Time: Sun. July 4, 8:15am Meeting Place: Husman Pkg Lot on Herald Ave, near Chapel

Ending Date & Time: Sat. July 10 2:00pm or so Meeting Place: Alumni Center Parking Lot (top level)

Potential Activities Involved: hammering, painting, sawing, wiring, lifting, hauling materials, praying, swimming, riding in cars/vans, cooking meals, shopping, organizing and planning.

Deposit: \$125 due Sunday, May 2 Balance due: Sunday, June 6 Total Cost: \$265.00

Transportation: From Bellarmine to Harlan - arranged Youth Ministry and adult volunteer team

Group Leader: Sue Antoinette Phone #: office: 513-745-4224 (during the event) cell: 513-289-6457

I am a parishioner  I am guest of \_\_\_\_\_

More details available on **Bulletin Board and Parent/ Volunteer Letter.**  
More forms can be downloaded at [bellarminechapel.org](http://bellarminechapel.org)

## 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 acting as 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 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, 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 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 likeness, portrait, or photograph for websites, promotional purposes, and office functions.

I have carefully read this statement, and my signature acknowledges that I fully understand the content and meaning. I have all the necessary information about the activities involved.

**Parents/Guardians Name** (please print legibly) \_\_\_\_\_

**Phone # where a parent/guardian can be reached during the Activity:** \_\_\_\_\_

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

Social Security # (optional)

Date signed

Dates Valid

My son/daughter has my permission to ride home with \_\_\_\_\_  
if someone other than one of his/her parents

# YOUTH REGISTRATION Mission Outreach Retreat Experience Tuba City, AZ



My son/daughter has my permission to participate in this Youth Ministry Activity organized by employees and volunteers of Bellarmine Chapel.

Agency: Bellarmino Chapel Activity: Rehab & Building Ministries Location: Tuba City, AZ

Emergency Phone: Sue 513 289-6457, St. Jude Office 928 283-5391, Sr Mary 928 283-4705 (convent)

Starting Date/Time: Tues. June 8, 8:00am Meeting Place: CVG Delta Airlines Ticket Kiosks

Ending Date & Time: Thurs. June 17, 6:00pm Meeting Place: CVG Delta Airlines Baggage Claim

Potential Activities Involved: hammering, painting, sawing, wiring, lifting, hauling materials, praying, swimming, cooking meals, shopping, organizing and planning,

Deposit: \$150 due Sun, March 21\* asap Balance due: Sunday, April 25 Total Cost: \$350.00

Transportation: To + From CVG – arranged by Parents. Phoenix to Tuba City Roundtrip – arranged by BC Youth Ministry

Group Leaders: Sue Antoinette office: 513-745-4224 cell 513-289-6457 & Brian Volck cell 513 284-5306

I am a guest of \_\_\_\_\_

I am a parishioner

**You are responsible for your own AIR transportation.** Coordinate your flights with YM Office to reserve the same flight as the group. More details available on *Bulletin Board and Parent/ Volunteer Letter*. More forms can be downloaded at [bellarminechapel.org](http://bellarminechapel.org)

## 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 acting as 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 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, 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.
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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 likeness, portrait, or photograph for websites, promotional purposes, and

I have carefully read this statement, and my signature acknowledges that I fully understand the content and meaning. I have all the necessary information about the activities involved.

**Parents/Guardians Name** (please print legibly) \_\_\_\_\_

**Phone # where a parent/guardian can be reached during the Activity:** \_\_\_\_\_

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

Social Security # (optional)

Date signed

Dates Valid

**My son/daughter has my permission to ride home with \_\_\_\_\_**  
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