

~ Medical, Photo and Liability Release Form ~

ST. MAXIMILIAN KOLBE CATHOLIC CHURCH JUNE 1, 2017 THRU MAY 31, 2018

Please return this form to the Parish Office

(To be completed by Parent or Guardian – Please Print)

Student's Name _____ School _____ Grade _____ Birthdate ____/____/____

This Medical Release Form will cover all activities of St. Maximilian Kolbe Catholic Church. When required, registration forms, permission slips, and payment for specific activities must also be turned in.

Specific forms for each event will be available on the website.

Please notify us if any information given below changes throughout the year. Thank you.

ARCHDIOCESE OF CINCINNATI

PERMISSION, RELEASE AND MEDICAL POWER OF ATTORNEY (rev. 8-2013)

1. I, the lawful parent or guardian of _____ (the "child"), 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

Home Phone

Home Address _____ City/State _____ Zip _____ Cell/Work Phone _____

Parent /Guardian Email Address _____

Emergency Contact _____ Emergency Contract Phone _____

High School Student's

High School Student's

High School Only

Cell Phone # _____

Email address _____

T-Shirt Size _____

MEDICAL INFORMATION

To be completed by Parent or Guardian – Please Print

Student's Name _____ Chronic Conditions (e.g. Epilepsy, diabetes) _____

Allergies _____

Medications _____

Medical Insurance Company _____ Policy Number _____

Member's Name _____ Home Phone _____ Work Phone _____

Place of Employment _____ Employer Address _____

Family Doctor _____ Phone _____

See next page for activity information.

ACTIVITY INFORMATION-Keep this page for your records!

Church Agency	St. Maximilian Kolbe Church Faith Formation
Starting Date	June 1, 2017
Ending Date	May 31, 2018
Usual Location	St. Maximilian Kolbe Catholic Church and Family Life Complex

On-Going Programs

Program or Group **Ancora**

Usual day and time: Twice monthly on Tuesday evenings
Routine Activities: Scripture study, prayer, and discussion
Group Leader: Jo Zink, 513-777-4322, ancora@saint-max.org

Program or Group **Children's Choir/Cherub Choir**

Usual day and time: Tuesday evenings/Wednesday evenings, Saturdays, Sundays, and as announced
Routine Activities: Weekly rehearsals and singing at Mass as announced
Group Leader: Mary Ella Wielgos, 513-777-4322 Ext 109, mwielgos@saint-max.org

Program or Group **Early Childhood Religious Formation of Youth (RFY)**

Usual day and time: Sunday mornings during 8:00 am & 10:00 am Masses
Routine Activities: Religious Education Classes
Group Leader: Mary Lou Baker, 513-777-4322 Ext 120, mbaker@saint-max.org

Program or Group **High School Youth – Youth Nights, Wacky Wednesday, Evangelization Training**

Usual day and time: Wacky Wednesdays: 7:00 pm – 9:00 pm; June 14th through August 2nd
Usual day and time: Youth Nights: Sunday evenings during the school year 7:00 - 9:00 pm, with exceptions as announced
Usual day and time: Evangelization Training: As scheduled and posted on application
Routine Activities: Comprehensive Youth Ministry
Group Leader: Zack Hinger, 513-777-4322 Ext 107, zhinger@saint-max.org

Program or Group **Jr High Youth Group Events - JrHigh1x1, Terrific Tuesdays, Summer Service Camp**

Usual day and time: Terrific Tuesdays: Tuesdays 7:00 pm – 9:00 pm, during the summer
Usual day and time: Jr. High 1x1: Monthly on Saturday afternoon/evenings & as announced, some offsite events
Usual day and time: Summer Service Camp: 1 week during the summer as announced, 8:00 am – 11:30 am
Usual day and time: Scripture Stars: Monthly as announced
Routine Activities: Comprehensive Youth Ministry for Grades 6, 7, & 8
Group Leader: Robin Burbrink, 513-777-4322 Ext 124, rburbrink@saint-max.org

Program or Group **Mighty Max**

Usual day and time: Monday - Friday as scheduled
Routine Activities: Early Childhood Ministry
Group Leader: Charlotte Flanagan, 513-777-4322 Ext 129, cflanagan@saint-max.org

Program or Group **Religious Formation of Youth (RFY), Grades 1-8**

Usual day and time: Sunday and Monday evenings as scheduled
Routine Activities: Religious Education Classes
Group Leaders: Mary Lou Baker, 513-777-4322 Ext 120, mbaker@saint-max.org

Program or Group **Sacramental Preparation for Penance and Eucharist**

Usual day and time: Tuesday evenings and Saturday mornings as scheduled
Routine Activities: Formation Sessions and Retreats
Group Leader: Rebecca Peltier, 513-777-4322 Ext 106, rpeltier@saint-max.org

Program or Group **Sacramental Preparation for Confirmation**

Usual day and time: Evenings as scheduled
Routine Activities: Formation Sessions and Retreats
Group Leader: Robin Burbrink, 513-777-4322 Ext 124, rburbrink@saint-max.org
Other Information: Retreat at Jesuit Spiritual Center in Milford as detailed on separate permission slip

Program or Group **Teen Ensemble**

Usual day and time: Wednesday evenings 7:00 pm - 9:00 pm and Sundays as announced (once a month)
Routine Activities: Monthly rehearsals and singing at Mass as announced
Group Leader: Paula Fogt/Jennifer Shoenfelt, teenensemble@saint-max.org

Program or Group **VBS**

Usual day and time: June 19-23, mornings as scheduled
Routine Activities: Comprehensive Children's and Youth Ministry
Group Leader: Charlotte Flanagan, 513-777-4322 Ext 129, cflanagan@saint-max.org

Note - Additional information may be found at the parish web site. This may include schedules, lists of specific activities, parent handbook, etc. to further inform parents(s) or guardian(s).