



2018-2019 Registration Form

Youth Information

Name: _____

Phone Number: _____ home cell
_____ home cell

Grade: Freshman Sophomore Junior Senior

School _____

Age _____

DOB: _____

Sacraments Received Baptism Eucharist Reconciliation Confirmation

Food Allergies _____

Medical Information: _____

Communications permission on the back side

Parent/Guardian 1 Information

Name: _____

Phone Number: _____ home cell
_____ home cell

E-Mail Address: _____

Communications permission on the back side

Parent/Guardian 2 Information

Name: _____

Phone Number: _____ home cell
_____ home cell

E-Mail Address: _____

Communications permission on the back side

→ → **OVER** → → **COMMUNICATIONS PERMISSION** → → →



Communication Permission

GroupMe app will be used for communications. Once a member is joined to the group they will receive a text message with the link to download and install the app. If users are using a non-smart phone a group number will be sent so the user's cell phone and they can use that that number to send and receive group messages. Phone numbers are not shared with the group. GroupMe allows you to view the entire conversation and allows us to have a calendar for events where you can mark attendance for events (going, not going, undecided). Private messages can be sent using the app as well (all other messages are sent to entire group). You may also log in to www.groupme.com to view the communications too. More information on GroupMe is available at www.groupme.com. You may be removed from the group at any time by contacting Joseph A. Kiesewetter, Youth Minister, at youthministryolos@gmail.com or 513-460-8301.

Youth Communication:

- Yes -- May add to GroupMe messaging app used for communication
Cell Phone number required on previous page and is not viewable to the group
 - May add first name and last name when adding to group
 - May only add the following initials to the group: _____
- No -- May not add to GroupMe messaging app for communication

Parent/Guardian 1 Communication

- Yes -- May add to GroupMe messaging app used for communication
Cell Phone number required on previous page and is not viewable to the group
 - May add first name and last name when adding to group
 - May only add the following initials to the group: _____
- No may not add to GroupMe messaging app for communication

Parent/Guardian 2 Communication

- Yes -- May add to GroupMe messaging app used for communication
Cell Phone number required on previous page and is not viewable to the group
 - May add first name and last name when adding to group
 - May only add the following initials to the group: _____
- No -- May not add to GroupMe messaging app for communication

Parent/Guardian Signature

Date



**ARCHDIOCESE OF CINCINNATI
 PERMISSION, RELEASE AND
 AUTHORIZATION TO SEEK MEDICAL TREATMENT (rev. 09-2017)**

1. I, the parent or lawful guardian of _____ (the "child"), give permission for my child to participate in the activity described on the *Activity Information* form (the "Activity") and release from all liability and indemnify the Archdiocese of Cincinnati (the "Archdiocese"), the Archbishop of Cincinnati (the "Archbishop"), both individually and as trustee for the Archdiocese, and all parishes and schools within the Archdiocese, and their respective 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 respective officers, agents, representatives, volunteers and employees.

2. I further understand that my Child's participation in the Activity is purely voluntary and is a privilege and not a right, and that my Child, and I on behalf of my Child, agree to my Child's participation in the Activity 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 to seek medical treatment of my child in the event of any injury, illness or medical emergency occurs during the activity or related travel. 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. I agree do not 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.

6. 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 Authorization to Seek Medical Treatment 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 __/__/____

Signature of Witness: _____ Witness Name (please print): _____

Home Address _____ City _____ Zip _____

Place of Employment _____

Work Address _____ City _____ Zip _____

Parent or Guardian Phone No. (cell): _____; (other Phone No.): _____

Emergency Contact Phone No. (cell): _____; (other Phone No.): _____

CONTINUED ON THE BACK / NEXT PAGE → → →

Medical Information — Completed by Parent or Guardian — Please Print

Child's Name _____ Birth date ____ / ____ / ____
Allergies _____
Medications _____
Chronic Conditions (e.g. epilepsy, diabetes) _____
Medical Insurance Co. _____ Policy No. _____
Member's Name _____ Phone No. (h) _____ (w) _____
Member's Birth date ____ / ____ / ____
Family Doctor _____ Phone No. _____

(See *Activity Information* form below)

ACTIVITY INFORMATION

Completed by Church Agency - Please Print

(As a convenience to parent(s) or guardian(s), a duplicate copy of this information may be attached so as to be retained by them; also any additional information may be attached to further inform them of specific scheduling details, additional activity information, etc.)

A. On-Going Program

Church Agency Our Lady of Sorrows Program or Group Youth Ministry
Starting Date September 9, 2018 Ending Date August 31, 2019 Registration Fee _____
Usual Location PAC building at OLOS, 330 Lebanon Street Monroe, OH 45050
Usual day and time Sundays from 7:00 p.m. to 9:00 p.m.
Routine Activities discussions, small group, games, activities
Group Leader Joseph A. Kiesewetter, Youth Minister Telephone No. 513-460-8301,
Other Information _____

Check here if any additional information is attached. (Note: any additional activity information (e.g. schedule, list of specific activities, etc.) may be attached to further inform parents(s) or guardian(s).

B. One-Time Activity

Church Agency _____ Activity _____
Location _____ Emergency No. _____ Cost _____
Starting Date and Time _____ Meeting Place _____
Ending Date and Time _____ Meeting Place _____
Activities Involved _____
Type of Transportation (if any) _____
Group Leader _____ Telephone No. _____
Other Information _____

_____ Check here if any additional information is attached. (Note: any additional activity information (e.g. schedule, list of specific activities, etc.) may be attached to further inform parents(s) or guardian(s).

Signature of Parent/Guardian _____ Date ____ / ____ / ____