**Archdiocese of Cincinnati: PERMISSION, RELEASE, AND AUTHORIZATION TO SEEK MEDICAL TREATMENT FORM (rev. 5-2021)**

1. I, the custodial parent/legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(please list all children registering)**, give permission for my Child to participate in the activity described on the *Activity Information* *Form* (the “Activity”) and release from all liability, indemnify, and hold harmless **St. Michael Church** (“Parish and School”), the Archdiocese of Cincinnati , the Archbishop of Cincinnati , both individually and as trustee for the Archdiocese, all parishes and schools within the Archdiocese, and all of their agents, representatives, volunteers, and employees from any and all liability, claims, judgments, damages, costs and expenses, including attorneys’ fees, arising out of any injury, illness, infectious and/or communicable disease (such as MRSA, influenza, or COVID-19), or death, (including any injury, illness, infectious and/or communicable disease, or death caused by the negligence of Parish and School, the Archbishop, the Archdiocese, any parish or school within the Archdiocese, or any of their agents, representatives, volunteers, or employees) incurred by my Child while participating in the Activity, traveling to or from the Activity, or while using the facilities and equipment of the Parish and School. I 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 Parish and School, the Archbishop, the Archdiocese, all parishes and schools within the Archdiocese, or their agents, representatives, volunteers, and employees.
2. I 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 of injury, illness, infectious and/or communicable disease (such as MRSA, influenza, or COVID-19), and death. I agree that if my Child has underlying health concerns which may place him/her at greater risk of contracting COVID-19 or that would possibly increase the severity of illness if COVID-19 is contracted, then my Child and I will consult with a health care professional before participating in the Activity.
3. I agree to instruct my Child to cooperate w/the agents of Parish/School and or the Archdiocese who are in charge of the Activity.
4. I authorize the agents of Parish and School and/or the Archdiocese who are acting as leaders of the Activity to seek medical treatment for my Child in the event of any injury, illness, or medical emergency during the Activity or related travel. I understand that the agents of Parish and School and/or the Archdiocese will make a reasonable attempt to contact me as soon as possible in the event of a medical emergency involving my Child.
5. *Please indicate.* I ❒ agree ❒ do not agree that Parish and School and/or the Archdiocese may use my Child’s portrait or photograph for promotional purposes, website, and office functions.

1. *Please indicate.* I ❒ agree ❒ do not agree that Parish and School and/or the Archdiocese may use social media and technology to communicate with my Child regarding parish/school related ministry activities.
2. This Permission, Release, and Authorization is intended to be as broad and inclusive as permitted by the law of the State of Ohio, and if any portion thereof is declared invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This Permission, Release, and Authorization shall be construed in accordance with the laws of the State of Ohio, except for the choice of law provisions thereof.
3. Parish and School, the Archdiocese, the Archbishop and their agents, employees, and volunteers shall have no liability whatsoever in the event the Activity is canceled due, in whole or in part, to any present or future pandemic, epidemic, widespread disease or illness, public health concern, or circumstances arising therefrom, or from actions taken by any governmental or municipal authority to prevent, avoid, or mitigate the impacts thereof.

I have carefully read and understand and accept the terms and conditions stated herein and I acknowledge and agree that this Permission, Release, and Authorization to Seek Medical Treatment shall be effective and binding upon me, my Child, and our personal representatives, estates, assigns, heirs, and next of kin. I have signed below of my own free will.

**Signature of Custodial Parent/Legal Guardian \_\_\_\_\_\_\_ \_\_ Date \_\_\_ Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Insurance information for the child/children listed on other side of this form**

Medical Insurance Co. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy/Group # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy Holder’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Family Physician and Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ON GOING ACTIVITY INFORMATION**

**Church Agency**: St Michael Church Emergency #: 937-295-2891 or 937-295-2179 **Location**: St. Michael Church, St. Mike’s Place, St. Michael Hall & Ft. Loramie High School(Wednesday [evenings only)](mailto:dianes@nflregion.org) **Starting Date/Time**: 08/02/2022- various starting times **Ending Date/Time**[: 08/02/2023 – various](mailto:kateb@nflregion.org) ending times **Activities Involved**: All regularly scheduled Religious E[ducation (RE) and Youth](mailto:kevinm@nflregion.org) Ministry (YM) activities **Type of Transportation (if any)**: Provided as necessary

**Contact Info: Melissa Hoying** K-6th grades Religious Education, [melissah@nflregion.org](mailto:melissah@nflregion.org) office # 937- 295-2179

**Wendy Gerstner** 7-12th grades Religious Education and Youth Ministry [wendyg@nflregion.org](mailto:wendyg@nflregion.org) office # 937-295-2179

**Other Information**: This Medical Release Form will be used for all Religious Education classes and associated events.

**St. Michael Parish2022-2023 Religious Education Registration**

Parents or Primary Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Attention Parents:**

**Flocknote App will be used for all CCD related messages**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Grade | 1st Child’s First Name | Last Name |  | Date of Birth | Sex   * Male □ Female |
| Medical information: does this child have an IEP, allergies, dietary restrictions | | | | | |
| Grade | 2nd Child’s First Name | Last Name |  | Date of Birth | Sex   * Male □ Female |
| Medical information: does this child have an IEP, allergies, dietary restrictions | | | | | |
| Grade | 3rd Child’s First Name | Last Name |  | Date of Birth | Sex   * Male □ Female |
| Medical information: does this child have an IEP, allergies, dietary restrictions | | | | | |
| Grade | 4th  Child’s First Name | Last Name |  | Date of Birth | Sex   * Male □ Female |
| Medical information: does this child have an IEP, allergies, dietary restrictions | | | | | |
| Grade | 5th Child’s First Name | Last Name |  | Date of Birth | Sex   * Male □ Female |
| Medical information: does you this have an IEP, allergies, dietary restrictions | | | | | |

Payment at the time of registrations is not required, however it is welcomed. If no payment is made at registration, an invoice will be sent at a later date. No child will be refused due to an inability to pay.

Gr. K-12 Fees: 1 child $70 total, 2 children $130 total, 3 children $175 total, 4 or more children $200 total

Other fees: Freshman Confirmation student – $15 additional \*Makes checks payable to St Michaels Church\*

**All paid registrations submitted BY July 1st will receive $15 off; per Family**

**Registration forms are due August 11th 2022. Mail to P.O. Box 7 Fort Loramie, OH 45845, drop off at Religious Education Office, or put in collection basket marked “St. Michael Religious Education.”**

Grades 1-6 will start week of August 29th. Grades 7 & 8 (Edge) will start August 24th 7-9PM

Grades 9-12(Confirmation & Lifeteen) will start August 31st 7-9PM

K will start Sept. 14 6:15-7:00 @ St Mikes Place

**Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Office Only: □Full Payment Receive □Partial Payment of $\_ Received □Balance due payment of $\_\_\_\_\_\_Received