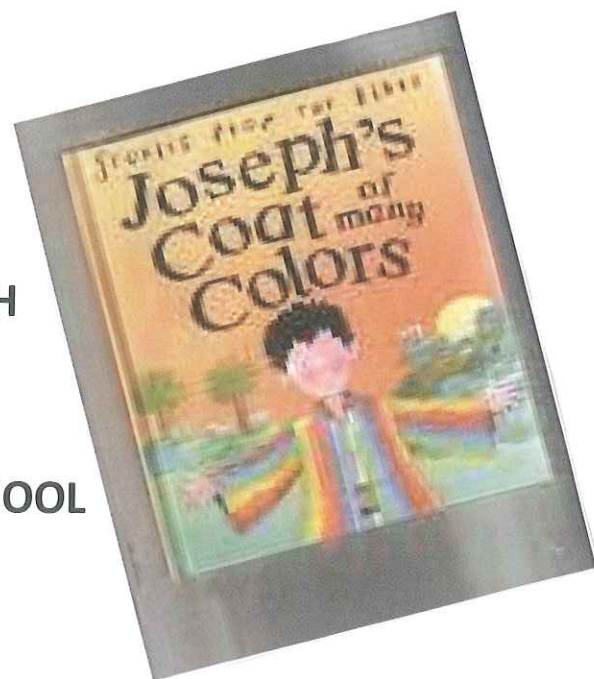


ST. TERESA PARISH

2019

VACATION BIBLE SCHOOL

PRESENTS



In the Beginning

July 8-11 6:30-8:30 p.m.

Name _____ Age _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Email _____

Parents' Names _____

In case of an emergency contact _____

Allergies or other medical conditions _____

Shirt size _____

Entering Grade _____ Home Parish _____

Registration Fee: \$20 per child; Due at time of registration

**ARCHDIOCESE OF CINCINNATI
PERMISSION, RELEASE AND MEDICAL POWER OF ATTORNEY**

1. I, THE LAWFUL PARENT OR GUARDIAN OF _____ (THE CHILD), GIVE PERMISSION FOR MY CHILD TO PARTICIPATE IN THE ACTIVITY DESCRIBED ON THE REVERSE 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 WITHIN THE ARCHDIOCESE, AND THEIR OFFICERS, AGENTS, REPRESENTATIVES, VOLUNTEERS, AND EMPLOYEES FOR ANY AND ALL LIABILITY, CLAIMS, JUDGMENTS, COST OF EXPENSES, INCLUDING ATTORNEY FEES, ARISING OUT OF ANY INJURY OR ILLNESS INCURRED BY MY CHILD 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 IN CHARGE OF THE ACTIVITY.

3. 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:
 - A) TO GIVE ANY AND ALL CONSENTS AND AUTHORIZATIONS TO ANY PHYSICIANS, DENTISTS, 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.

 - B) 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.

 - C) THE POWER OF ATTORNEY SHALL LAPSE AUTOMATICALLY UPON COMPLETION OF THE ACTIVITY AND RELATED TRAVEL.

4. I AGREE THAT THE ARCHBISHOP OR HIS AGENTS MAY USE MY CHILD'S PORTRAIT OR PHOTOGRAPH FOR PROMOTIONAL PURPOSES AND OFFICE FUNCTIONS.

I HAVE CAREFULLY READ THIS STATEMENT AND MY SIGNATURE ACKNOWLEDGES THAT I FULLY UNDERSTAND THE CONTENT AND MEANING.

SIGNATURE OF PARENT OR GUARDIAN **DATE** **TELEPHONE**

CITY _____ **ZIP CODE** _____ **WORK PHONE** _____

EMERGENCY CONTACT _____ **TELEPHONE** _____

MEDICAL INFORMATION

COMPLETED BY PARENT OR GUARDIAN—PLEASE PRINT

CHILD'S NAME _____ **BIRTHDATE** _____

ALLERGIES _____

MEDICATIONS _____

CHRONIC CONDITIONS (E.G. EPILEPSY, DIABETES) _____

MEDICAL INSURANCE COMPANY _____

MEMBER'S NAME _____ **HOME PHONE** _____

WORK PHONE _____ **CELLPHONE** _____

FAMILY DOCTOR _____ **PHONE** _____

ACTIVITY INFORMATION

Church Agency St. Teresa Parish **Program:** VACATION BIBLE SCHOOL

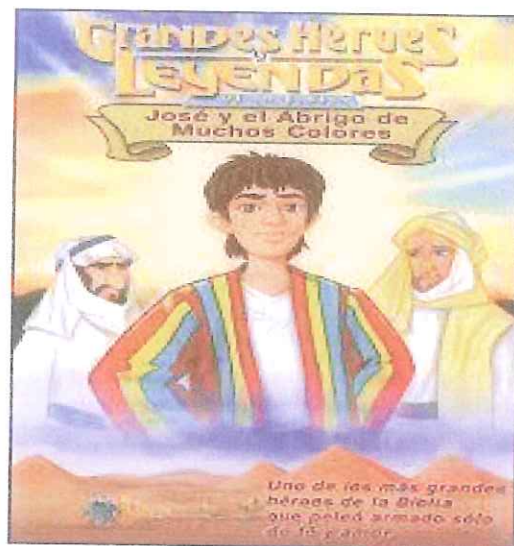
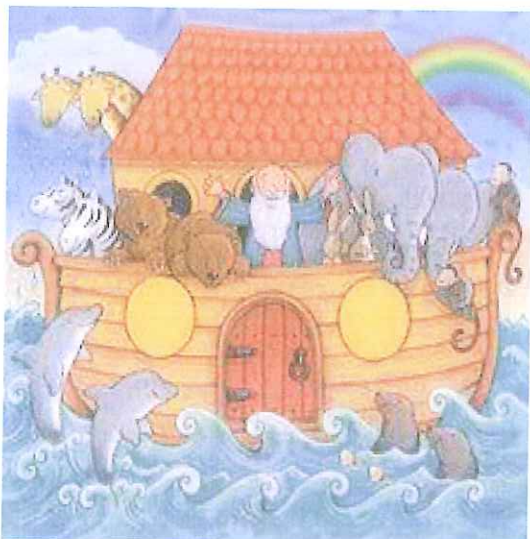
Starting Date July 8, 2019 **Ending Date** July 11, 2019

Usual Location St. Teresa Parish Campus **Usual Day and Time** WEEKNIGHTS 6:30-8:30 pm

Routine Activities Religious education and Church related activities

Group Leader Lucianne Lilienthal, Ph. D. **Telephone** 937-342-8861 Ext. 516

Other Information



PARROQUIA ST TERESA
ESCUELA BIBLICA DE VACACIONES 2019
PRESENTA

En el Principio

Julio 8-11 6:30- 8:30 p.m.

Nombre _____ **Edad** _____

Dirección _____

Ciudad _____ **Estado** _____ **C.P.** _____

Teléfono _____ **Email** _____

Nombre de Padres _____

Alergias u otra condición medica _____

Talla de camisa _____

Grado escolar _____

Parroquia a la que pertenece _____

Costo de registro \$20.00 por niño; pago al momento de la inscripción