

Must be going into 7th gr. or older. If you are interested, please fill out the form below.



(Approximate t-shirt design.)

June 11-14

(Mon.-Thurs.)

8:00 am-12 noon

Russia School Commons

Please arrive at 7:50 and see Mark Travis for instructions.

Please detach, fill out, and return the form below (one form per helper), along with t-shirt fee (only if you want one), to the church office at 108 E. Main St. by **Monday, May 28th**. If you have any questions, please contact the parish office at 526-3437.

Name of helper: _____ Gender: M F

E-mail address: _____

My child's emergency medical form is already on file at St. Remy's: Yes or No*

*If no, please fill out the back of this form.

Grade Entering: (circle one) 7 8 9 10 11 12 college

t-shirt fee (check one):
 I do not want a t-shirt
 \$10 t-shirt (fill in size below)

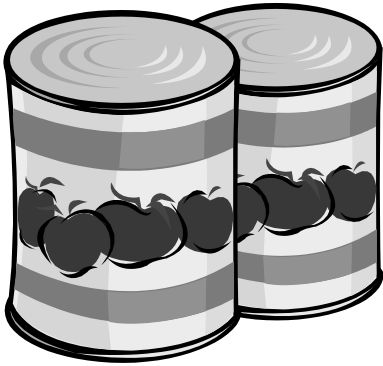
(Make checks payable to St. Remy Church.)

T-Shirt Size: (circle one)
Youth: Small / Medium / Large
Adult: Small / Medium / Large / X-L / XXL

The St. Vincent DePaul Food Shelter needs our help!

St. Vincent's operates a food shelter for those in need. Please help us to stock their shelves by bringing donations to bible camp. There will be designated boxes in the gym for the kids in each grade to place their donations when they arrive. The grade that collects the most food will win a prize!

The items most needed are:



- Canned green beans
- Canned corn
- Canned fruit
- Ketchup
- Peanut butter

ARCHDIOCESE OF CINCINNATI
PERMISSION, RELEASE AND MEDICAL POWER OF ATTORNEY (rev. 6-2006)

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 (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 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.

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.

8. St. Remy Church has my permission to post pictures of this event, which may include my child, to their website: stremychurch.com and to their Facebook page.

Signature of Parent/Guardian _____ Date ____/____/____ Phone: (w) _____

Address _____ City _____ Zip _____ Phone: (h) _____

Emergency Contact _____ Phone: (w) _____ (h) _____

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Medical Information — Completed by Parent or Guardian — Please Print

Child's Name _____ Birth Date ____/____/____ Child's S. S. #* _____

Medical Insurance Co. _____ Policy No. _____

Member's Name _____ Member's Birth Date ____/____/____ Members S.S. #* _____

Allergies _____ Medications _____

Chronic Conditions (e.g. epilepsy, diabetes) _____

Family Doctor _____ Phone _____

* Social Security number is optional; however, please note that some hospitals WILL NOT treat without it.