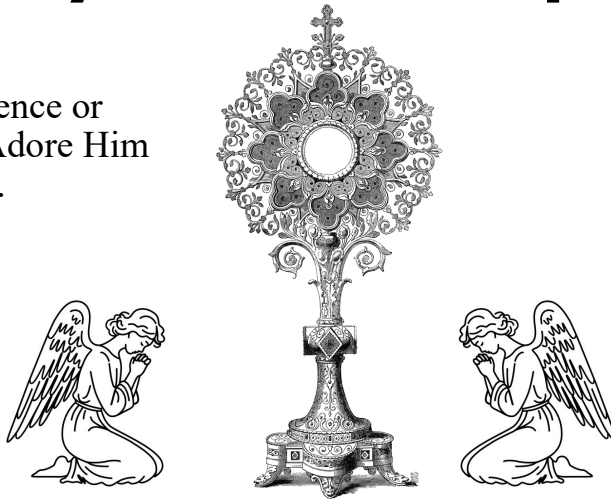


St. Remy Bible Camp 2025

Do not be afraid of silence or stillness. Listen to God. Adore Him in the Eucharist.

Pope Benedict XVI



(Approximate t-shirt design.)

July 29-August 1

(Tues-Fri)

8:00 am-12 noon

We will be going to 8:15 am Mass, which will be followed by snack time, which is typically cookies. Please feel free to pack a light breakfast.

Russia School Commons/Gymnasium

For children entering K-6th grade.

Please detach, fill out, and return the form below (one form per child), along with fee, to the church office at 108 E. Main St. by **Wednesday, July 16, 9am** to get a t-shirt. If you have any questions, please contact the parish office at 937-526-3437.

Name of Child: _____ Gender: M F

Parent's email: _____

Parent's cell/#: _____ (in case of emergency)

You must fill out the attached emergency medical form as they are valid July 1-June 30 each year.

I am willing to donate _____ dozen cookies for snack time. I will bring them on: T W TH F
(quantity) (circle one)

Grade Entering: (circle one) K 1 2 3 4 5 6

Registration fee (check one): _____ \$10 without a t-shirt _____ \$20 with a t-shirt (fill in size below)
(Make checks payable to St. Remy Church.)

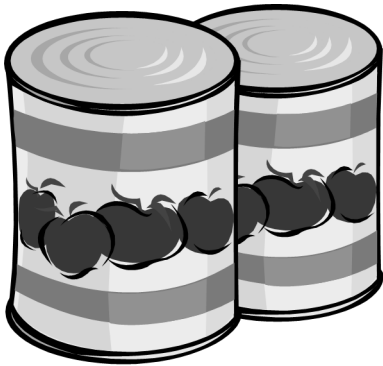
T-Shirt Size: (circle one) **Youth:** X Small / Small / Medium / Large **Adult:** Small / Medium / Large / X-L

The local food shelters need our help!

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



PERMISSION, RELEASE, AND AUTHORIZATION TO SEEK MEDICAL TREATMENT FORM (rev. 7-2020)

1. I, the custodial parent/legal 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, indemnify, and hold harmless St. Remy Parish ("Parish and School"), the Archdiocese of Cincinnati (the "Archdiocese"), the Archbishop of Cincinnati (the "Archbishop"), 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 with the agents of Parish and 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 trait or photograph for promotional purposes, website, and office functions.
 6. **Please indicate.** I ☐ agree ☐ do not agree that Parish and School and/or the Archdiocese may use social media technology to communicate with my Child regarding parish/school related ministry activities.
My child's cell number: _____ My child's email address: _____

7. 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 hereof 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.
8. Parish and School, the Archdiocese, the Archbishop and their agents, employees, and volunteers shall have no liability whatsoever in the event the Activity is cancelled 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: _____ Home Address: _____

Place of Employment & Address _____

Custodial Parent/Legal Guardian Phone No. (cell): _____ ; (other Phone No.): _____

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

MEDICAL INFORMATION FORM

Completed by Custodial Parent/Legal Guardian — Please Print

Child's Name: _____ Birth date _____

Allergies (e.g. food, drugs, anesthetics): _____

Medications taken regularly: _____

Medical Conditions/Impairments (e.g. epilepsy, diabetes, asthma): _____

Family Doctor: _____ Phone No.: _____

Custodial Parent/Legal Guardian Phone No. (cell): _____ ; (other Phone No.): _____

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