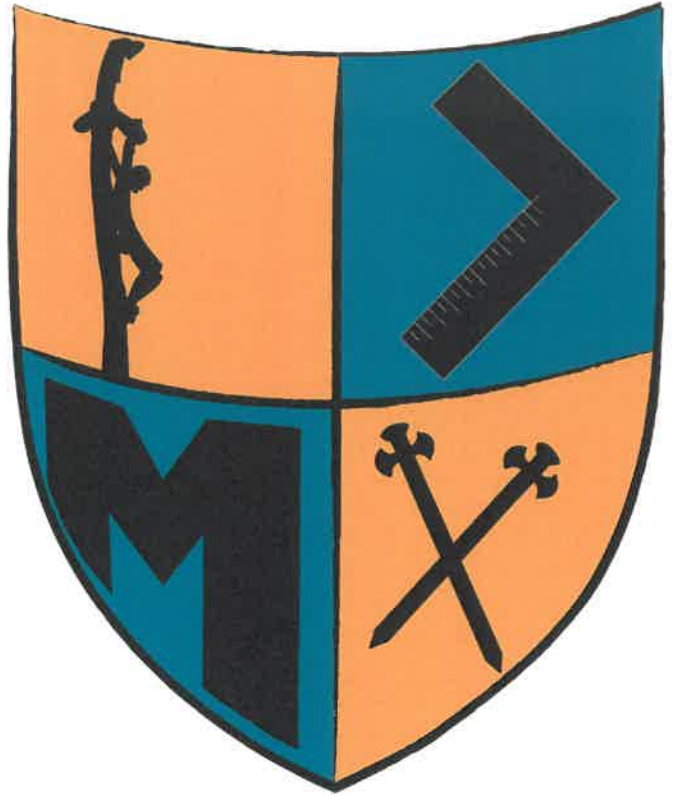


Knights of Our Lady

St. Remy Catholic Church

Grades 4th-6th



St. Remy Church invites boys in grades 4th-6th to sign-up for the Knights of Our Lady. The Knights meet on the second Monday of each month from 6:30-8pm in the school commons. Activities include archery, games, fishing, hiking, scavenger hunts, soccer, sports, etc. The spiritual focus for the Knights of Our Lady is virtues and saints. Students will learn a new virtue and about a new saint every month. In addition to learning the faith, the students grow in their faith by living and practicing it with their peers.

Mark your calendar:

Aug. 25* Men of Virtue, All Saints

Sept. 9 Men of Prudence, St. Josemaria

Oct. 14 Men of Justice, St. Maximilian Kolbe

Nov. 11 Men of Fortitude, St. John Bosco

No Meeting in December

Jan. 13 Men of Temperance, Holy Family

Feb. 10 Men of Faith, St. Dominic Savio

Mar. 9 Men of Hope, Bl. Archbishop Sheen

Apr. 13 Men of Love, Men of St. Joseph

*August meeting is Father/son fishing on a Sunday

Knights of our Lady Registration Form, grades 4-6

Name _____ Grade _____

This program is not possible without your help. We are asking all dads (or grandpas, etc.) to take a turn in helping out at a meeting, as well as contributing to a snack. You will be contacted when your help is needed. Thank you!

The \$20 registration fee for the **Knights of our Lady (boys grades 4-6)** program will cover the cost of supplies and food. \$80 maximum per family includes both boys' and girls' clubs. If money is a concern, please return the forms without the registration fee. We do not want money to be an issue.

Parent/legal guardian _____

Parent's cell phone number _____ Home phone number _____

Parent's e-mail address _____

I would like to receive text message reminders and updates via Flocknote yes no

I would like to receive email reminders and updates via Flocknote yes no

Activity Information

On-Going Program

Church Agency: **St. Remy Catholic Church**

Program or Group: **Knights of our Lady**

Registration Fee: **\$20 (Annual Fee) (\$80 maximum per family includes both boys' and girls' clubs)**

Usual Location: **Russia School Gyms, Commons and grounds; St. Remy Church buildings and grounds; Russia Community Park; and St. Joseph Village Centre**

Activities for the year include:

fishing – archery – obstacle courses – nature scavenger hunts – indoor and outdoor sports – rosary hikes – Way of the Cross – and more!!

Group Leader **Mark Travis** Telephone No. **419-953-0614**

Start: **August** End: **April**

Dates: Second Monday of each month, August-April, 6:30-8:00 PM (unless noted below)

Sun, Aug 25 Mon, Sept 9 Mon, Oct 14 Mon, Nov 11 Dec. None Mon, Jan 13 Mon, Feb. 10

Mon, Mar 9 Mon, Apr 13

Please return the following documents by Wednesday, August 14th to the St. Remy office:

- 1. Registration Form and Permission Slip (front & back)**
- 2. Emergency Medical Form (one per child)**
- 3. \$20 Registration Fee (\$80 per family maximum includes boys' and girls' clubs)**

If you have any questions, contact Mark Travis, Director of Youth Ministry, at markt@stremychurch.com or by his cell phone at (419)953-0614.

St. Remy Knights of our Lady Permission Slip

ARCHDIOCESE OF CINCINNATI PERMISSION, RELEASE AND MEDICAL POWER OF ATTORNEY (rev. 11-2016)

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.

Signature of Parent/Guardian _____ **Date:** _____

Home Address _____

Parent/Guardian phone # (work) _____ (cell) _____ (home) _____

Emergency contact name: _____

phone # (work) _____ (cell) _____ (home) _____

Medical Information

All emergency medical information will be collected from St. Remy's annually. If your son is not registered for St. Remy Religious Education, an emergency medical form will be required. If any changes to your son's medical information occur during the year, please notify the St. Remy office.

(*Available online at stremychurch.com in Tab form.)