

JOIN the High School Brotherhood of Virtue



St. Remy high school young men are invited to join the Brotherhood of Virtue. We meet on the fourth Monday each month from 7-9pm in the JP II lounge or the parish office basement! The Brotherhood gives young men the opportunity to grow in their friendships with each other and with God. Members of the Brotherhood are invited to participate in additional activities throughout the year such as canoeing, paintball, bowling, and more!

Follow us on Instagram @ stremyyg

Save the dates:	Mon. Aug. 26	Mon. Jan. 27
	Mon. Sept. 23	Mon. Feb. 24
	Mon. Oct. 28	Mon. Mar. 23
	Mon. Nov. 25	Mon. Apr. 27
	Dec TBD	May TBD

St. Remy Brotherhood of Virtue Registration Form

Name _____ Grade _____

Cell phone number _____

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: **Brotherhood of Virtue (high school boys) aka The Brotherhood**

Registration Fee/Cost: **Free (additional activities may require a fee)**

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

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

Start: **August** End: **May**

Dates: Typically meet the 4th Monday of each month, August through May

Aug. 26 Sept. 23 Oct. 28 Nov. 25 Dec. TBD Jan. 27 Feb. 24 Mar. 23 Apr. 27 May: TBD

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 young man)**

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 Brotherhood of Virtue 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.)