

# Daughters of the Immaculate Heart

For girls in grades 4-6

**Where:** St. Remy Hall

**Time:** 6:30-8:00 p.m.

**Cost:** \$20

**Dates:** Typically, second Monday of the month  
(September-November, January-May/June)

Monday, September 14: St. Maria Goretti & Chastity

Monday, October 12: Bl. Margaret Castello & Compassion

Monday, November 9: St. Elizabeth of the Trinity & Silence

Monday, January 11: St. Monica & Perseverance

Monday, February 8: St. Margaret Mary Alcoque & Meekness

Monday, March 8: St. Edith Stein & Knowledge

Monday, April 12: St. Angela Merici & Prudence

May/June TBD: St. Mary Magdalene & Hope

*"A woman's beauty invites,  
and if she is virtuous, her  
life points to Christ."*



\* Dates and activities may change due to availability. No meeting in December.

## Daughters of the Immaculate Heart Registration Form (for grades 4-6)

Name \_\_\_\_\_ Grade \_\_\_\_\_

This program is not possible without your help. We are asking all moms (or grandmas, 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 **Daughters (girls' 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

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### Activity Information

#### On-Going Program

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

Program or Group: **Daughters of the Immaculate Heart**

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

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

**Activities for the year include: Outdoor games, food crafts, painting, sewing, and more!!**

Group Leader **Gina Hoying** Telephone No. **937-418-2455**

Start: **September**      End: **May/June**

#### Dates & times:

**Second Monday of each month, September-May/June, 6:30-8:00 PM**

**Mon, Sept. 14    Mon, Oct 12    Mon, Nov 9    Dec: None    Mon, Jan 11    Mon, Feb 8    Mon, Mar 8**

**Mon, Apr 12    May/June: TBD**

**Please return the following documents by Wednesday, August 19th to the St. Remy office:**

- 1. Registration Form**
- 2. Permission Slip (front & back)**
- 3. Emergency Medical Form (one per child)**
- 4. \$20 Registration Fee (\$80 per family maximum includes boys' and girls' clubs)**

If you have any questions, contact Gina Hoying, Director of Youth Ministry Assistant, at [mghoying@gmail.com](mailto:mghoying@gmail.com) or by her cell phone at (937)418-2455.

## Daughters of the Immaculate Heart Permission Slip

### 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 \_\_\_\_\_ (print name of parish and school) ("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 portrait 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 and 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.): \_\_\_\_\_

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**Medical Information (Please pick up and turn in ONE Emergency Medical Form per child.)**

All emergency medical information will be collected from St. Remy's annually. To participate in any of St. Remy's youth activities an emergency medical form is required. If any changes to your son's/daughter's medical information occurs during the year, please notify the St. Remy office immediately. (Available online at [stremychurch.com](http://stremychurch.com) in tab and non-tab form.)