

Rosa Mystica

For junior high girls

A program that focuses on authentic womanhood and true beauty, fosters sisterhood and virtuous friendships, and cultivates a love for Christ and His Church, under the patronage of Mary, Mystical Rose.

We will meet in the rectory basement on the third Monday of each month, August—April, from 6:30-8:00 PM (dates and times are subject to change based on sports schedules and availability). Cost is \$20.



Saturday, August 17: St. Margaret Clitherow & Faith (swim party at Minster Pool, 5-7 PM)

Friday, September 20: St. Teresa of Avilla & Wisdom (father/daughter dance at St. Remy Hall, 7-9:30 PM)

Monday, October 21 St. Elizabeth of Hungary & Generosity

Monday, November 18: St. Josephine Bakhita & Silence

December: No meeting

Monday, January 20 St. Zelig Martin & Gracefulness

Monday, February 17: St Elizabeth Ann Seton & Discipline

Monday, March 16: St. Gianna Molla & Docility

Monday, April 20: St. Frances Xavier Cabrini & Discipleship



Follow us on Instagram @ stremyyg

Rosa Mystica Registration Form (for junior high girls)

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 the Rosa Mystica 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: **Rosa Mystica**

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

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

Activities for the year include:

Swimming, dancing & music, outdoor and gym games, baking, painting, and more!!

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

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

Dates & times:

Third Monday of each month, August-April, 6:30-8:00 PM (changes noted below)

Sat, Aug 17, 5-7 p.m., Fri, Sept 20, 7-9:30 p.m., Mon, Oct 21, Mon, Nov 18, Mon, Jan 20, Mon, Feb 17, Mon, Mar 16, Mon, Apr 20. Additionally, dates and times may vary due to schedule conflicts.

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 Gina Hoying, Director of Youth Ministry Assistant, at ginah@stremychurch.com or by her cell phone at (937)418-2455.

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

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

All girls joining Little Handmaids (gr 1-3), Daughters (gr 4-6), and Rosa Mystica (gr 7-8) are invited to the Village of Minster swimming pool for a private pool party on Saturday, August 17, 2019, from 5:00-7:00 PM. There is no cost for this event. Please feel free to pack snacks and drinks. Limited concessions will be available to purchase. Transportation is not provided.

Mothers are welcome and encouraged to come and stay even if not interested in swimming.

Thanks in advance for wearing modest bathing suits.

The St. Remy medical release form, registration and permission slip forms must be submitted prior to participating in this event. Please drop off in the parish office by Wednesday, August 14th.

Contact Gina Hoying at 937-418-2455 with questions or concerns.

Date: _____

My daughter, _____, has my permission to attend the private swim party at the Village of Minster swimming pool hosted by St. Remy Church on Saturday, August 17, 2019, from 5:00-7:00 PM. Transportation is not provided.

Parent signature:

In addition to this permission slip, I have turned in the following:

- 1) St. Remy medical release form
- 2) Group-appropriate permission slip and registration form (front & back) and \$20 annual group participation fee

