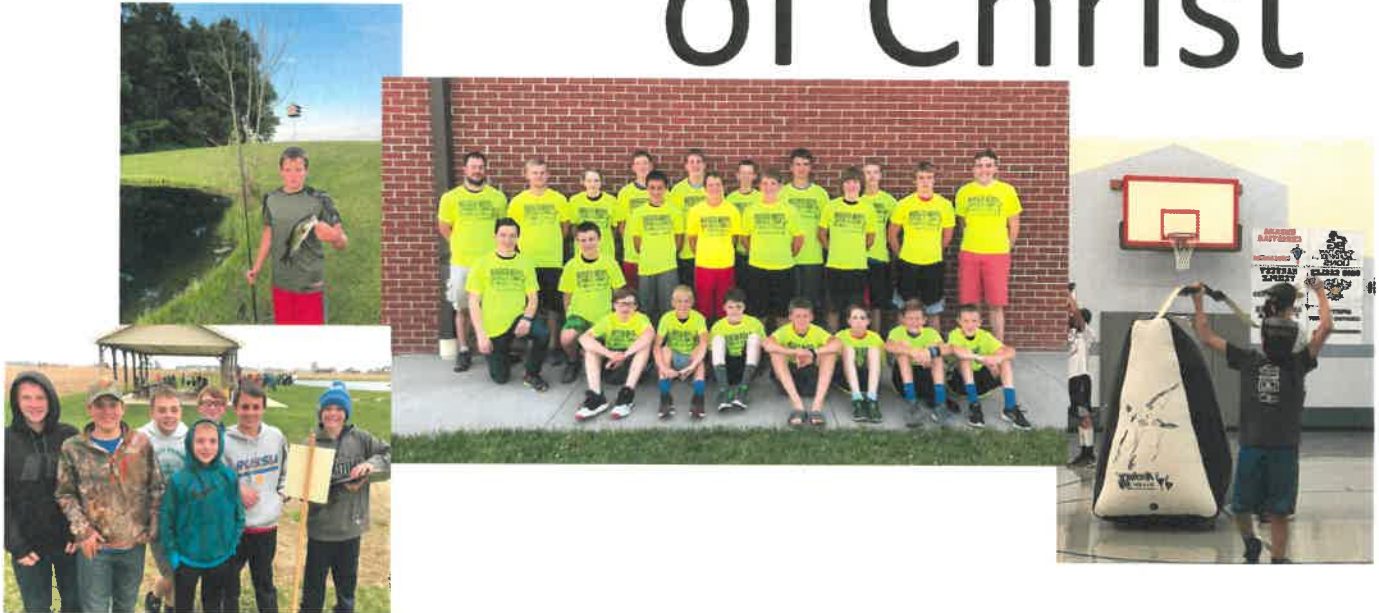


JOIN the Junior High boys Soldiers of Christ



St. Remy junior high young men are invited to join Soldiers of Christ . We meet on the third Monday of every month from 6:30-8pm in the JPII lounge/school gym! Soldiers of Christ gives young men the opportunity to grow in their friendships with each other and with God. Members of the Soldiers are invited to participate in additional activities throughout the year including Bosco Boys Camp in the summer! See details for dates and times below!

Follow us on Instagram @ stremyyg

Save the dates:	Sun. Aug. 25*	Mon. Jan. 20
	Mon. Sept. 16	Mon. Feb. 17
	Mon. Oct. 21	Mon. Mar. 16
	Mon. Nov. 18	Mon. Apr. 20

August 25th is fishing on a Sunday and there will be no meeting in December

Soldiers of Christ Registration Form, grades 7 & 8

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 **Soldiers of Christ (boys grades 7-8)** 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: **Soldiers of Christ**

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

Sun, Aug 25 Mon, Sept 16 Mon, Oct 21 Mon, Nov 18 Dec. None Mon, Jan 20 Mon, Feb 17

Mon, Mar 16 Mon, Apr 20 (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 Mark Travis, Director of Youth Ministry, at markt@stremychurch.com or by his cell phone at (419)953-0614.

St. Remy Soldiers of Christ 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.)