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Junior High 'You' Nights

All students in grades 7th and 8th are encouraged to attend JH You Nights once a month! They will take place on the 4th Wednesday of every month after religion class and will typically be held at the school in the commons/gym from 8-9:30pm. You Nights will include fun, food, faith sharing, and friendship building!



Save the dates:

Wed. Sept. 25

Wed. Jan 22

Wed. Oct. 23

Wed. Feb 19 (3rd Wednesday)

Wed. Nov. 27 (7-830 PM)

Wed. Mar. 25

Wed. Dec. TBD

***Wed. Apr. 22**

* YOU Night in April will be at Spiritual Survivor. More information regarding Spiritual Survivor will be sent home closer to the date.

JUNIOR-HIGH YOU NIGHT 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/daughter is not registered for St. Remy Religious Education, an emergency medical form will be required. If any changes to your son's/daughter's medical information occur during the year, please notify the St. Remy office. (*Available online at stremychurch.com in Tab form.)

Activity Information

Church Agency: **St. Remy Catholic Church** Activity: **Junior high You Night aka You Night**

Location: **Russia School buildings and grounds; St. Remy Church buildings and grounds**

Emergency Number: **Mark Travis, Directory of Youth Ministry, 419-953-0614** Cost: **Free**

Dates: **Fourth Wednesday of every month for the academic year** Time: **8:00-9:30 PM**