

Attention ALL High School Students:

Rosary & Doughnuts

One time per month at St. Remy Church

All High School Students are invited to attend the Rosary & Doughnuts event held one time each month during the academic year. Please meet in **St. Remy Church** at **7:15 a.m.** Following the rosary, we will gather in the Rectory Basement for doughnuts and hot chocolate. I hope to see you there— it is great way to begin the weekend!

Friday, September 13

Friday, October 11

Thursday, November 7
(no school on Friday, November 8)

Friday, December 13

Friday, January 10

Thursday, February 13
(no school on Friday, February 14)

Thursday, March 19

*(Feast of St. Joseph! Doughnuts
after Mass!)*

Easter Friday, April 17

Friday, May 8

Please fill-out the permission slip on the back of this flyer and return it **by Friday, September 13**. The permission slip includes all of the dates listed and only needs to be completed once. If you have any questions, please contact Mark Travis, at (419) 953-0614.

Follow us on Instagram @stremyyg

ROSARY & DOUGHNUTS 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: **Rosary & Doughnuts (high school young ladies and men)**

Location: **St. Remy Church buildings and grounds**

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

Dates: **Fri. Sept 13, Fri. Oct 11, Thurs. Nov 7, Fri. Dec 13, Fri. Jan 10, Thurs. Feb 13, Thurs. Mar 19, Fri. Apr 17, Fri. May 8**

Time: **7:15-7:50 AM**

NAME _____ GRADE _____ CELL PHONE _____