ST. HENRY CLUSTER

We're all in this together.

YOUTH MINISTRY PERMISSION FORM

school year 2023-24

This form is ONLY required IF your child is NOT signed up for CCD classes at St. Henry or St. Bernard in 2023-24.

For all of your children who will participate in any youth ministry activities please complete the following:

CHILD'S NAME: _____ GRADE: _____ GENDER: _____

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CHILD'S NAME: _____ GRADE: _____ GENDER: _____

CHILD'S NAME: _____ GRADE: _____ GENDER: _____

FATHER'S NAME: _____ MOTHER'S NAME: _____

MAILING ADDRESS: _____ PO BOX: _____

CITY: _____ STATE: _____ ZIP: _____

PRIMARY PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____ PARISH: _____

I am interested in volunteering/learning more about the following:

- ☐ Bringing snacks once a month on Wednesday evenings for small groups
- ☐ Leading a small group (with another adult partner)
- ☐ Helping with retreats/service projects/one-off events as needed

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I am interested in receiving the following information:

- ☐ High School GroupMe- Name:_____ Phone Number: _____
  Real-time notifications of new/canceled events, messages and more details. *download the app to your phone
  - ☐ I'm already receiving notifications
- ☐ Middle School GroupMe- Name:_____ Phone Number: _____
  Real-time notifications of new/canceled events, messages and more details. *download the app to your phone
  - ☐ I'm already receiving notifications
- ☐ Youth Ministry Emails (1/month)
  Event highlights of what to look for in the coming months *email is required

Signature of Parent/Legal Guardian_____ Date____/____/____/

PERMISSION, RELEASE, AND AUTHORIZATION TO SEEK MEDICAL TREATMENT FORM (rev. 7-2020)

1. I, the custodial parent/legal guardian of **my child(ren) identified on this form**, give permission for my Child to participate in all youth and church related activites and release from all liability, indemnify, and hold harmless **St. Henry Cluster Parishes** (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.
   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.
6. 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.
7. 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.
8. 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(ren), 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 ____/____/____/

Place of Employment: _____ Phone: (w)_____ _____

Work Address: _____City: _____ Zip: _____

Phone: (home) _____ (cell) _____ (cell) _____

Emergency Contact Name: _____ Phone: _____ _____

********** **MEDICAL INFORMATION - Completed by Parent or Guardian - PLEASE PRINT** **********

Child's Name	Birth Date	Social Security #*	Allergies/Medications/Chronic Conditions (e.g. epilepsy, diabetes)

Medical Insurance Co.: _____ Policy No. _____

Member's Name: _____ Phone: (h) _____ (w) _____

Member's Birth Date: _____/_____/_____ Member's Social Security #* _____

Family Doctor: _____ Phone: _____

*Social Security numbers are optional, but SHOULD NOT be emailed due to Personal Identifiable Information Act. (Please note that some hospitals will NOT treat without it.)