



STARTING NOVEMBER 6th
1ST AND 3RD THURSDAYS
NOVEMBER – APRIL

6:30P.M.- 8P.M.

MEETS IN
HOLY ROSARY SCHOOL
For Grades K-8

There is no cost to join.

Registrations are available at the parish office or online at
stisidorefamily.org

***DADS ARE ENCOURAGED TO ATTEND WITH THEIR SONS TO SPEND QUALITY
TIME TOGETHER. ***

Holy Rosary Boys' Club Registration & Medical Release

This release form will apply to all activities of the Holy Rosary Boys' Club Program in which boys K-8th Grade are given permission to participate from November 2025-April 2026. This includes Thursday evening meetings from 6:30-8:00p.m. on the 1st and 3rd Thursdays of the month. Dates Include: NOV 6 & 20, DEC 4 & 18, JAN 8 & 15, FEB 5 & 19, MAR 5 & 19, April 2 & 16. It is the responsibility of the parent to notify Matt Brown at 419-733-6503 if any information changes during this time.

Parents/Guardians: _____

Address (Street/City/Zip)

_____/_____/_____

Cell Number Mother/Guardian _____ Cell Number Father/ Guardian

Email Address _____

Emergency Contact Name and Number (in addition to parents) _____

Doctor _____ Phone _____

Dentist _____ Phone _____

Medical Insurance Co. _____ Policy No. _____

Medical Plan Member Name _____ Phone: _____ (w)

Medical Plan Member Birth Date _____

1st Child's Name: _____ **Grade:** _____ **Birth Date**

Allergies _____ Medications _____ Chronic Conditions

2nd Child's Name: _____ **Grade:** _____ **Birth Date**

Allergies _____ Medications _____ Chronic Conditions

3rd Child's Name: _____ **Grade:** _____ **Birth Date**

Allergies _____ Medications _____ Chronic Conditions

4th Child's Name: _____ **Grade:** _____ **Birth Date**

Allergies _____ Medications _____ Chronic Conditions

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

1. I, the custodial parent/legal guardian of _____ (the "Child"), give permission for my Child to participate in the activity described above (the "Activity") and release from all liability, indemnify, and hold harmless Holy Rosary 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.

6. *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.

7. 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.

8. 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.

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, 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 ____/____/____

Dads, you have the greatest impact on your son(s) and we need your help. Please call or text Matt Brown at 419-733-6503 to help coach on Thursday nights.

Please return registrations to the parish office or bring them directly to Boys' Club if registering after November 6th.