

Corpus Christi Youth Ministry – Youth Ministry Registration, Permission, and EM Form

*This form **does not** cover special one-time youth ministry events*

Permission, Release, and Authorization Form

1. I, the custodial parent/legal guardian of _____ (the “Child”), give permission for my Child to participate in the activity described on the *Activity Information Form* (the “Activity”) and release from all liability, indemnify, and hold harmless Corpus Christi Church (“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.

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, excluding, and irrespective of, any choice of law principles to the contrary.

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 _____

Print Name _____

Sacramental Preparation Registration

Please select each sacrament desired.

Confirmation

First Reconciliation

First Communion

Baptism

Activity Information Form

Youth ministry meets on Wednesday evenings, 7:00-8:30, 9/1/21-5/25/22 as indicated in the schedule. Pick up and drop off at the McAlarney Building. Activities include sports, games, crafts, lessons, prayer, discussion, snacks, group and individual activities. No registration fees. Program held by Corpus Christi Church. Program leader is PJ Ehling, phone no. is (513) 284-3154. No transportation provided.

Emergency Medical Form

Please completely fill out this form. It will be kept on file to facilitate communication with parents, and in case of emergency, during the 2021-2022 year, as well as the summer of 2022. If, during the year, you need to make updates to this form, please contact PJ Ehling at pjehling@corpuschristicommunity.org.

Family Contact Information

Parent Name(s) _____ Children's Grades _____

Address _____ City _____ State _____ Zip _____

E-mail and cell phones/texting will be a primary means used to communicate with parents/students regarding youth ministry events. **At least one parent e-mail and phone number is required to be given**, as the preferred e-mail and phone number, in order to facilitate communication in case of emergency and as needed for regular correspondence regarding youth ministry. Do not fill out the other e-mail and phone sections if you do not wish for you or your child to be contacted by these means. All cell phone numbers may be added to a third-party texting service (such as Remind.com), **unless** the box beside the phone number is checked.

Preferred E-mail _____ Preferred Phone No. _____

First Parent/Guardian Information

Name _____

Home Phone No. _____

Work Phone No. _____

Cell Phone No. _____

E-mail Address _____

Second Parent/Guardian Information

Name _____

Home Phone No. _____

Work Phone No. _____

Cell Phone No. _____

E-mail Address _____

Check if applicable:

Please use this information to update my contact information in the parish database.

I would like Corpus Christi to use my e-mail address to update me on parish news.

Emergency Contact Information—Please do not list a parent or guardian as an emergency contact. *In case of emergency, an attempt will be made to contact parents and guardians **before** emergency contacts. In case of emergency, leaders of an activity will maintain authorization to seek medical treatment, following directives of parents/guardians, or if they cannot be contacted, under the advice of emergency contacts or prudential judgment.*

1st Emergency Contact _____ Phone No. _____

2nd Emergency Contact _____ Phone No. _____

Emergency Medical Information—Please indicate for each child.

Allergies _____

Special Dietary Needs _____

Chronic Conditions/Current Medications/Important Information for Leaders or Emergency Medical Personnel _____

Medical Insurance, Doctor, and Hospital Information

Medical Insurance Co. _____ Member Date of Birth _____

Policy No. _____

Family Doctor _____ Phone No. _____ Preferred Hospital _____

Dentist _____ Phone No. _____

Medications—Complete only if child needs or may need a medication while at Corpus Christi

Children must bring their own medications. Children may administer their own medications. Medications will be turned in to a designated adult leader (unless this is impractical), who will store it and make it available when the child needs it. If it is necessary for an adult leader to administer prescribed medication, the medication must be in its original container, with the label/directives from the pharmacy still intact. Parents/Guardians must indicate below the name of the medication to be administered, give consent for an adult leader to administer the medication, and may also give any addition directives besides those written on the label.

I understand the above instructions regarding medications for my child, and give my consent to administration of medication to my child by an adult leader by filling out the applicable sections below.

Signature of Parent or Guardian _____ Date _____

Current self-administered medications _____

Medications that must be administered by an adult leader _____

Additional directives for medications administered by an adult leaders _____