



Receive a free Credo t-shirt upon arrival at the conference by mailing in this registration form by Sept. 19, 2011. Mail form to Credo Registration PO Box 43254 Cincinnati, OH 45243 Please Indicate Size _____

Credo: I Believe - Chaperone Registration Form

ARCHDIOCESE OF CINCINNATI PERMISSION, RELEASE AND MEDICAL POWER OF ATTORNEY (rev. 6-2006)

- 1. I, the undersigned will participate in the activity described on the Activity Information form 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 and schools within the Archdiocese (the "Archdiocese"), and their officers, agents, representatives, volunteers, and employees from any and all liability, claims, judgments, cost and expenses, including attorneys' 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.
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 acknowledgment 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 acknowledgment 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, and my own personal representative or estate, assigns, heirs, and next of kin and that I have signed this agreement of my own free will.

Name (Printed) _____ Signature _____ Date ____/____/____
Home Address _____ City _____ Zip _____
Place of Employment _____
Work Address _____ City _____ Zip _____
Parent or Guardian Phone No. (w) _____ (h) _____
Emergency Contact _____ Phone No. (w) _____ (h) _____
Your Group Leader _____ Your Parish _____

Medical Information — Please Print

Name _____ Birth date ____/____/____
Soc. Sec. No. * _____ Allergies _____
Medications _____
Chronic Conditions (e.g. epilepsy, diabetes) _____
Medical Insurance Co. _____ Policy No. _____
Member's Name _____ Phone No. (h) _____ (w) _____
Member's Birth date ____/____/____ Member's Soc. Sec. No. * _____
Family Doctor _____ Phone No. _____

* Social Security Number is optional. Please note that some hospitals WILL NOT treat without it.

(See *Activity Information* form below)

**Credo ACTIVITY INFORMATION
Completed by Church Agency - Please Print**

(As a convenience to parent(s) or guardian(s), a duplicate copy of this information may be attached so as to be retained by them; also any additional information may be attached to further inform them of specific scheduling details, additional activity information, etc.)

One-Time Activity

Name of Organization Credo: I Believe Activity Credo: I Believe Youth Conference
Location Archbishop Moeller H.S. Emergency No. 513-314-1147 Cost \$35 per chaperone (checks payable to Credo)
Dates and Times September 23, 2011 – 6pm-11pm; Sept. 24, 2011 – 8am-11pm; Sept. 25 – 8am-1pm
Meeting Place at beginning and end of each day: Main Lobby Activities Involved: Talks, Small Groups, Mass, Confession, Eucharistic Adoration

Each Chaperone can be responsible for no more than 7 children. Please list the names of the teens assigned to you below:

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____

All chaperones for CREDO must have gone through child protection training and a criminal background check in accordance with Archdiocese of Cincinnati policy. All chaperones are therefore required to have their pastor or appropriate representative sign below, attesting that the above named chaperone has gone through child protection training and background check requirements, according to the policies of the Decree on Child Protection of the Archdiocese of Cincinnati.

Name of Chaperone: _____ Parish: _____
Signature of Pastor of Designee: _____ Date: _____

Additional Information for Chaperones:

- The cost for attending Credo is \$35. Please make checks payable to *Credo*.
- Please note the starting and ending times each day. Chaperones will double as small group leaders for the retreat.
- The Youth Minister of your parish, or campus minister of your school, may be organizing a group, and in need of chaperones. Please inquire with people in these positions as to who is leading the group, etc.