

This form must be completed to stay overnight at All Saints Parish. All overnight participants must also complete the Credo Participant Registration Form.
 Mail this form to: *Credo Registration PO Box 43254 Cincinnati, OH 45243*



Credo: I Believe - Overnight at All Saints Registration Form
ARCHDIOCESE OF CINCINNATI
PERMISSION, RELEASE AND MEDICAL POWER OF ATTORNEY (rev. 6-2006)

1. I, the lawful parent or guardian of _____ (the "child"), give permission for my child to 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.
 - (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 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, 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 or Guardian _____ 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) _____

Participant's School _____ Grade (2011-2012 School Year) _____

Medical Information — Completed by Parent or Guardian — Please Print

Child's Name _____ Birth date ____/____/____
Child's 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 OVERNIGHT 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 Overnight Stay at All Saints Parish

Location All Saints Parish Center Emergency No. 513-314-1147 Cost \$20 per participant. Checks made out to Credo.

Dates and Times September 23, 2011-11pm through Sept. 24, 2011-8am; Sept. 24, 2011-11pm through Sept. 25, 2011-8am

Meeting Place at beginning and end of each day: Main Lobby

Activities Involved _____

Your Chaperone/Group Leader _____ Your Parish _____

Chaperone's Telephone No. _____

Staying Overnight on Friday night (Sept. 23-Sept. 24) Parent Signature _____

Staying Overnight on Saturday night (Sept. 24-Sept. 25) Parent Signature _____

Additional Information for Parents/Participants:

- The cost for staying overnight is \$20 – regardless of one or two night stay. Please make checks out to *Credo*.
- Please note the starting and ending times each day.
- Your child must be accompanied by a chaperone in order to stay overnight. If your child is a walk-in registrant to Credo without a chaperone, he or she cannot spend the night.
- Parents must check the above boxes for the night(s) in which your child will be staying, and sign where required.
- The Youth Minister of your parish, or campus minister of your school, may be organizing a group, equipped with chaperones. Please inquire with people in these positions as to who is leading the group, etc.