



Receive a free Credo t-shirt upon arrival at the conference by mailing in this registration form by Sept. 19, 2011.

Mail forms to: Credo Registration PO Box 43254 Cincinnati, OH 45243

Please Indicate Size \_\_\_\_\_

**Credo: I Believe - Participant 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) \_\_\_\_\_

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**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 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 participant Please make checks out 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

Your Chaperone/Group Leader \_\_\_\_\_ Your Parish \_\_\_\_\_

Chaperone's Telephone No. \_\_\_\_\_

**Additional Information for Parents/Participants:**

- The cost for attending Credo is \$35. Please make checks out to *Credo*.
- Please note the starting and ending times each day.
- If your child must leave for a portion of the retreat due to a conflict in schedule, he or she must present a note of explanation, signed by a parent/guardian, at the time of registration.
- If you are pre-registering, your child should have a group leader/chaperone, and that chaperone must be fingerprinted and have gone through the Archdiocese of Cincinnati's Child Protection Workshop. The recommended ration of teens to chaperone is 7:1.
- 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.
  - If you are unable to find a Group Leader/Chaperone prior to the last day of pre-registration, please arrive at Moeller High School with this completed form at 6pm on Friday, Sept. 23, or 8am on Saturday, Sept. 24, and we will provide you with a group under a chaperone.