

Sunday Youth Nights: August 28, 2011 – May 20, 2012

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 below 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 within the Archdiocese and their officers, agents, representatives, volunteers, and employees from any and all liability, claims, judgments, cost or expenses, including attorney 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 acknowledgement 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 acknowledgement 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 _____

Parent Email _____

Parent or Guardian Phone No. (h) _____ (w) _____ (c) _____

Emergency Contact _____ Phone No. (h) _____ (c) _____

Student Signature (if over 18) _____

Child's Name _____ Birth date ____ / ____ / ____

Child's Soc. Sec. No. * _____ Chronic Conditions (e.g. diabetes) _____

Allergies/Medications _____

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. **

Weekly Activity

Event Sunday Youth Nights Activity Location St. Gertrude Parish Center 7630 Shawnee Run Rd, Cincinnati, OH 45243

Emergency # 513.519.7042 (Youth Minister Cell Phone) Who: Open to all high schoolers

Dates Most Sunday's during school year Time: 7-9pm (meetings held in Lobby)

Permission Slip Due: At next Youth Night attended (If you fail to bring the slip, you will not be able to participate that evening.)

Cost: Free! Activities Involved: Games, Talks, Prayer, Adoration, Music Event Leader: Brad Bursa

Telephone No: 513-527-3975

PLEASE SEE REVERSE

St. Gertrude Parish Youth Ministry Principles and Rules *(signatures needed)*

General Principles:

1. Visitors are welcome. Please introduce them to the core team and other teens. To attend consistently, you must register and have an Archdiocesan Medical Form on file. You do not need to be a member of St. Gertrude Parish to be involved in our Youth Ministry programs, however, parishioners will get first preference on activities with limited space.
2. Sunday evening meetings are from 7:00pm – 9:00pm, following the 6pm Mass. If you will be arriving late or need to leave early, your parent or guardian must inform us directly. Your parent may call the Youth Ministry Office before the starting time of the meeting, or you may bring a written note from your parents indicating why you are late, or why you must leave early. *Without this permission you may not leave early or arrive late* (this is an Archdiocesan policy).
3. All high school teens are invited to all youth ministry events. To repeatedly attend social events, however (e.g., ski trip, canoe trip), it is expected that one also be involved in some of the more spiritual or service related activities of our parish and Youth Ministry program. We are not a travel agency.

Guidelines:

1. Unless otherwise announced, the meetings will take place in the lobby of the Parish Center. You may not wander in and out of that room (including the hallway), inside or outside the building, without first talking to a core team member.
2. During any meeting or talk it is expected that courtesy, respect, and confidentiality will be extended to everyone. This means no talking or text messaging unless participating in the discussion, and attentive listening to the speaker. Confidentiality means that anything said in the room of a personal nature, stays in the room, and is not repeated outside of Youth Ministry unless given permission by the discloser.
3. When assigned to a small group, there will be no transferring to other groups without permission of an adult core team member. Each member must stay in the area of his/her group discussion until the discussion has ended. There is to be no wandering around between groups.
4. It is each member's responsibility to help with set-up and clean up at each meeting or event. We will attempt to rotate responsibilities, but if given a particular task, you must pitch in.
5. Please remember that appropriate dress is expected at all Youth Ministry meetings and functions. Clothing must cover undergarments and midriffs. Bikini tops, low cut tops, mini-skirts, short shorts, low-riding pants, or other inappropriate attire are not to be worn for activities. Clothing with offensive language, obscene pictures or depicting non-Christian attitudes is also inappropriate.
6. Disruptive behavior, cell phone usage, foul language, interfering with the participation rights of others, unsafe driving and all other forms of insubordination may result, without further warning, in immediate removal from the meeting and notification of parents. Such behavior may constitute grounds for suspension or permanent expulsion from specific youth ministry activities at the judgment of core team.

Signature of Youth

Date

Signature of Parent/Guardian

Date

Is there anything we need to be aware of to better serve your child?

-Please describe below or contact Brad Bursa at 513-527-3975 or youthminister@stgertrude.org.
