



**Student Name** \_\_\_\_\_ **Grade School** \_\_\_\_\_

**2018-19 Grade Level**    K    1    2    3       **Gender**    M    F

**Parent Name** \_\_\_\_\_ **Email** \_\_\_\_\_

Please choose session(s):

	<p><b>Insects Galore and More September 8, 2018</b> Insect Scavenger Hunt - Make a Hand Pollinator- Recycled Materials Insects- Spider Snacks</p>
	<p><b>Messy Madness December 8, 2018</b> Making Playdough- Messy Masterpieces- Messy Snacks</p>
	<p><b>Busy Builders February 23, 2019</b> Build-a-Tower- Strong Structures- Pastel Cityscapes- Build-a-Snack</p>
	<p><b>Ready for Launch April 13, 2019</b> Pop Fizz Rockets- Straw Rockets- Outer Space Art-Alien Symmetry Art- Solar System Snacks</p>

*We reserve the right to make changes to the schedule if there are schedule conflicts/ inclement weather.  
We will notify registered participants in advance via e-mail.*

Payment Type (\$15/session or \$48/entire year)    Check \_\_\_\_\_  
Cash \_\_\_\_\_

Total Payment amount \_\_\_\_\_  
(If multiple siblings attending, please write one check)

**ARCHDIOCESE OF CINCINNATI  
PERMISSION, RELEASE AND  
AUTHORIZATION TO SEEK MEDICAL TREATMENT (rev. 09-2017)**

1. I, the parent or lawful 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 and indemnify the Archdiocese of Cincinnati (the "Archdiocese"), the Archbishop of Cincinnati (the "Archbishop"), both individually and as trustee for the Archdiocese, and all parishes and schools within the Archdiocese, and their respective 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 respective officers, agents, representatives, volunteers and employees.

2. I further 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.

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 to seek medical treatment of my child in the event of any injury, illness or medical emergency occurs during the activity or related travel. 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. I  agree  do not agree that the Archbishop or his agents may use my child's portrait or photograph for promotional purposes, website and office functions and use social media and technology to communicate to my child regarding ministry related activities.

6. 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 Authorization to Seek Medical Treatment 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 \_\_/\_\_/\_\_

Signature of Witness: \_\_\_\_\_

Witness Name (please print): \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Place of Employment \_\_\_\_\_

Work Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent or Guardian Phone No. (cell): \_\_\_\_\_ (other Phone No.): \_\_\_\_\_

Emergency Contact Phone No. (cell): \_\_\_\_\_ (other Phone No.): \_\_\_\_\_

**Medical Information — Completed by Parent or Guardian — Please Print**

Child's Name \_\_\_\_\_ Birth date \_\_/\_\_/\_\_

Allergies \_\_\_\_\_

Medications \_\_\_\_\_

Chronic Conditions (e.g. epilepsy, diabetes) \_\_\_\_\_

Medical Insurance Co. \_\_\_\_\_ Policy No. \_\_\_\_\_

Member's Name \_\_\_\_\_ Member's Birth date \_\_/\_\_/\_\_

Phone No. (h) \_\_\_\_\_ (w) \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone No. \_\_\_\_\_

***(See Activity Information below)***

**On-Going Program**

Church Agency Bishop Leibold School Program or Group STEAM Saturdays

Starting Date 9/1/18 Ending Date 4/30/19 Registration Fee \$15/session

Usual Location 24 S. Third St. Miamisburg, OH 45342

Usual day and time Saturday, 9-11:30am

Routine Activities Science and art projects/experiments

Group Leader Mrs. Beth Allaire & Mrs. Sarah Brashears Telephone No. 9378663021

Other Information (attached)

Check here if any additional information is attached. (Note: any additional activity information (e.g. schedule, list of specific activities, etc.) may be attached to further inform parents(s) or guardian(s).

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_/\_\_/\_\_