

CLERMONT CATHOLIC COMMUNITIES

St. Louis

Holy Trinity

St. Ann

St. Philomena



2021-2022

Registration Form

Archdiocesan Policy for Youth Activities (rev. 7-9-2020)

Parental rights, good administration, and youth protection dictate that the appropriate sharing of information and granting of permissions be involved when youth participate in parish and school activities.

The Archdiocese of Cincinnati has developed the following Permission, Release, and Authorization to Seek Medical Treatment Form, Medical Information Form, and Activity Information Form (collectively, the “Forms”) to satisfy these needs. **These Forms are mandated for use in the parishes and schools of the Archdiocese.**

The information is required and must be documented.

Pastor

Fr. Martin Bachman

PSR Coordinator

John C. Ivan

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859-496-2030

PERMISSION, RELEASE, AND AUTHORIZATION TO SEEK MEDICAL TREATMENT FORM (rev. 7-9-2020)

1. I, the custodial parent/legal 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, indemnify, and hold harmless **Clermont Catholic Communities** ("Parish and School"), the Archdiocese of Cincinnati (the "Archdiocese"), the Archbishop of Cincinnati (the "Archbishop"), both individually and as trustee for the Archdiocese, all parishes and schools within the Archdiocese, and all of their agents, representatives, volunteers, and employees from any and all liability, claims, judgments, damages, costs and expenses, including attorneys' fees, arising out of any injury, illness, infectious and/or communicable disease (such as MRSA, influenza, or COVID-19), or death, (including any injury, illness, infectious and/or communicable disease, or death caused by the negligence of Parish and School, the Archbishop, the Archdiocese, any parish or school within the Archdiocese, or any of their agents, representatives, volunteers, or employees) incurred by my Child while participating in the Activity, traveling to or from the Activity, or while using the facilities and equipment of the Parish and School. I 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 Parish and School, the Archbishop, the Archdiocese, all parishes and schools within the Archdiocese, or their agents, representatives, volunteers, and employees.

2. I 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 of injury, illness, infectious and/or communicable disease (such as MRSA, influenza, or COVID-19), and death. I agree that if my Child has underlying health concerns which may place him/her at greater risk of contracting COVID-19 or that would possibly increase the severity of illness if COVID-19 is contracted, then my Child and I will consult with a health care professional before participating in the Activity.

3. I agree to instruct my Child to cooperate with the agents of Parish and School and/or the Archdiocese who are in charge of the Activity.

4. I authorize the agents of Parish and School and/or the Archdiocese who are acting as leaders of the Activity to seek medical treatment for my Child in the event of any injury, illness, or medical emergency during the Activity or related travel. I understand that the agents of Parish and School and/or the Archdiocese will make a reasonable attempt to contact me as soon as possible in the event of a medical emergency involving my Child.

5. **Please indicate.** I agree do not agree that Parish and School and/or the Archdiocese may use my Child's portrait or photograph for promotional purposes, website, and office functions.

6. **Please indicate.** I agree do not agree that Parish and School and/or the Archdiocese may use social media and technology to communicate with my Child regarding parish/school related ministry activities.

7. This Permission, Release, and Authorization 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 Permission, Release, and Authorization shall be construed in accordance with the laws of the State of Ohio, excluding, and irrespective of, any choice of law principles to the contrary.

8. Parish and School, the Archdiocese, the Archbishop and their agents, employees, and volunteers shall have no liability whatsoever in the event the Activity is cancelled due, in whole or in part, to any present or future pandemic, epidemic, widespread disease or illness, public health concern, or circumstances arising therefrom, or from actions taken by any governmental or municipal authority to prevent, avoid, or mitigate the impacts thereof.

I have carefully read and understand and accept the terms and conditions stated herein and I acknowledge and agree that this Permission, Release, and Authorization to Seek Medical Treatment shall be effective and binding upon me, my Child, and our personal representatives, estates, assigns, heirs, and next of kin. I have signed below of my own free will.

Signature of Custodial Parent/Legal Guardian _____ Date ____/____/2021

Print Name: _____ Home Address: _____

Place of Employment & Address _____

Custodial Parent/Legal Guardian Phone No. (cell): _____ Alternate Phone No.: _____

Email addresses: _____

MEDICAL INFORMATION FORM

Completed by Custodial Parent/Legal Guardian — Please Print

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

Allergies (e.g. food, drugs, anesthetics): _____

Medications taken regularly: _____

Medical Conditions/Impairments (e.g. epilepsy, diabetes, asthma): _____

Family Doctor: _____ Phone No.: _____

Emergency Contact: _____ **Phone No.:** _____

Alternate Contact: _____ Phone No.: _____

Custodial Parent/Legal Guardian Phone No. (cell): _____ Other Phone No.: _____

Email addresses: _____

Custodial Parent/Legal Guardian Phone No. (cell): _____ Other Phone No.: _____

Email addresses: _____

(See Activity Information Form on following page)

ADDITIONAL STUDENT INFORMATION

Requested by Parish / PSR Program – Please Print

Place of Birth: _____ Sex: _____

School: _____ Grade: _____

Place of Baptism: _____ Date: _____

Place of First Reconciliation: _____ Date: _____

Place of First Eucharist: _____ Date: _____

Place of Confirmation: _____ Date: _____

***Children preparing for First Eucharist or Confirmation must provide a certified copy of their Baptismal Certificate.**

AGREEMENT FOR STUDENT DISMISSAL

Children who are in preschool and kindergarten must be dropped-off and picked-up at the exterior door on the East side of the school building. Children who are in 1st through 4th grade must be dropped-off and picked-up at the exterior door to the school cafeteria on the South side of the school building. If you have children in both of these age groups you must use both locations accordingly.

Please name the person(s) designated to pick up your children: _____

My child in grade 5 or higher has my permission to leave on their own. **Sign ONLY if you wish to grant consent.**

Signature of Custodial Parent/Legal Guardian _____ Date ____ / ____ / 2021

Print Name: _____

ACTIVITY INFORMATION FORM

Parish/School Clermont Catholic Communities Program or Group Parish School of Religion (PSR)

Registration Fee 1 child = \$45.00, 2 children = \$40.00/ea, 3 or more children = \$35.00/ea

Starting Date September 12, 2021 Ending Date May 22, 2022 Usual Location St. Louis School

Usual day and time *Sundays, 9:00 am – 10:15 am

*PSR will NOT be held on the following dates in recognition of the respective holidays:

November 28, 2021 – Thanksgiving

December 26, 2021 – Christmas

January 2, 2022 – New Year

April 17, 2022 – Easter

Routine Activities Religious education, faith formation, and related activities in classroom setting

Group Leaders John Ivan, PSR Coordinator & High School Catechist Telephone No. 859-496-2030

Maria Bockhorst, Preschool Catechist Telephone No. 513-404-1565

Claire Bockhorst, Kindergarten Catechist Telephone No. 513-5150241

Ruby Garnich, Grade 1 Catechist Telephone No. 513-560-5475

Bridget Zurlinden, Grade 2 Catechist Telephone No. 513-265-3889

Valeri Zimmerman, Grades 3 & 4 Catechist Telephone No. 513-349-9633

Dorie Ivan, Grades 5 & 6 Catechist Telephone No. 937-681-4439

Stephanie Bauer, Grades 7 & 8 Catechist Telephone No. 513-501-5259

Matthew Bauer, Grades 7 & 8 Catechist Telephone No. 513-501-5259

Other Information 2021-22 PSR Handbook is attached.

Check here if any additional information is attached.

STATEMENT OF COMMITMENT

I/We desire that our children participate fully in the Clermont Catholic Communities Parish School of Religion (PSR). I/We will assume our responsibilities as parents/guardians to attend Mass regularly with our children and to make certain that our children attend each session of PSR. I/We will notify the catechist or PSR Coordinator if our children will be absent and see that any assignments and missed work are completed. I/We will do our part as members of the support team for our children's classes. I/We are also committed to making the Catholic faith part of the daily life and decision making of our family.

Please indicate which church you attend:

() St. Louis () Holy Trinity () St. Ann () St. Philomena () _____

Are you registered in the Parish? _____ Are you new to Clermont Catholic Communities PSR? _____

Signature of Custodial Parent/Legal Guardian _____ Date ____/____/2021

Print Name: _____