

**St. Charles Bible Camp
Registration 2018
Grades K-6
June 18-22, 2018**



**Please return this form
and fee to the
Faith Formation Office
by June 1, 2018**

Questions:
Please contact
Faith Formation
at (937) 434-9272

Family Name: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Email: _____

Emergency Contact during Camp: _____ Best Phone: _____

Grades K-6 Youth T-shirt Sizes: X-Small (2-4), Small (6-8), Medium (10-12), Large (14-16)

Camper #1 – First Name	Grade in Sept.	Age	T-shirt Size	Buddy Request
Camper #2 - First Name	Grade in Sept.	Age	T-shirt Size	Buddy Request
Camper #3 - First Name	Grade in Sept.	Age	T-shirt Size	Buddy Request

Preschool – Ages 3 and 4 (For staff parents only - Registration fee applies)

Name	Age in Sept.	T-shirt Size
Name	Age in Sept.	T-shirt Size

Nursery – Infants through Age 2 (For staff parents only – Free)

Name	Age

Cost per Camper: Pre 3 and 4 Year Olds through 6th Grade

\$40.00 for One Camper

\$60.00 for Two Campers

\$80.00 for Three or more Campers

Please register by June 1st to ensure that we have enough supplies for everyone!

Checks made payable to: St. Charles

**Please complete both sides of this form
and return it to the Faith Formation Office.**

For Office Use Only: Cash/Check # _____ Date: _____

Church Agency: St. Charles Borromeo
Meeting Place: St. Charles Borromeo School
Location: 4600 Ackerman Blvd Kettering OH 45429
Starting/Ending Date: June 18-22, 2018
Starting/Ending Time: 9:00 a.m.-12:00 p.m.

Activity: Bible Camp Program
Group Leaders: Tim Clarke, Erin Fanning
Telephone: (937) 434-9272 (St. Charles FF Office)
Emergency No: (937) 673-5912 Tim Clarke's Cell

**ARCHDIOCESE OF CINCINNATI
 PERMISSION, RELEASE AND MEDICAL POWER OF ATTORNEY (rev. 11-2016)**

1. I, the parent or lawful guardian of #1 _____ #2 _____ #3 _____ #4 _____ (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 of Cincinnati, 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 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 a photograph, video or other likeness of my child for promotional purposes, website and office functions and use social media and technology to communicate to my child regarding ministry related activities.
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.

I have carefully read this statement, and my signature acknowledges that I fully understand the content and meaning.

Signature of Parent or Guardian _____ Date ____/____/____
 Address _____ City _____ Zip _____
 Place of Employment _____ Phone (c) _____ (h/w) _____
 Work Address _____ City _____ Zip _____
 Emergency Contact _____ Phone (c) _____ (h/w) _____

MEDICAL INFORMATION – COMPLETED BY PARENT OR GUARDIAN – PLEASE PRINT

Medical Insurance Co. _____ Policy # _____
 Member's Name _____ Phone (h) _____ (w) _____
 Member's Birth Date ____/____/____ Member's Social Security # * _____
 Family Doctor _____ Phone _____

	Name	Birth Date	M/F	Social Security Number*	Allergies, Medications, Chronic Conditions or Special Needs
Child #1					
Child #2					
Child #3					
Child #4					

* Social Security number is optional; however, please note that some hospitals WILL NOT treat without it.