

June 24-28, 2019

St. Charles Borromeo  
Bible Camp Registration  
Grades K-6



Please complete both  
sides of this form and  
return it to the  
Faith Formation Office  
by June 7, 2019

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

**Please Print**

Family Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Best 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
Camper #4 - First Name	Grade in Sept.	Age	T-shirt Size	Buddy Request

**Preschool – Ages 3 and 4 (A parent must be on Staff during Camp - Registration fee applies)**

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

**Nursery – Infants through Age 2 (A parent must be on Staff during Camp – Free)**

Name	Age
Name	Age

**Cost per Camper: Pre 3 and 4 Year Olds through 6<sup>th</sup> Grade**

**\$40.00 for One Camper**

**\$60.00 for Two Campers**

**\$80.00 for Three or more Campers**

**Please register by June 7th to ensure that we have enough supplies for everyone!**

**Checks made payable to: St. Charles**

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 24-28, 2019  
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 \_\_\_\_\_ #5 \_\_\_\_\_ (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 \_\_\_\_/\_\_\_\_/\_\_\_\_ Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

	Name	Birth Date	M/F	Allergies, Medications, Chronic Conditions or Special Needs
Child #1				
Child #2				
Child #3				
Child #4				
Child #5				