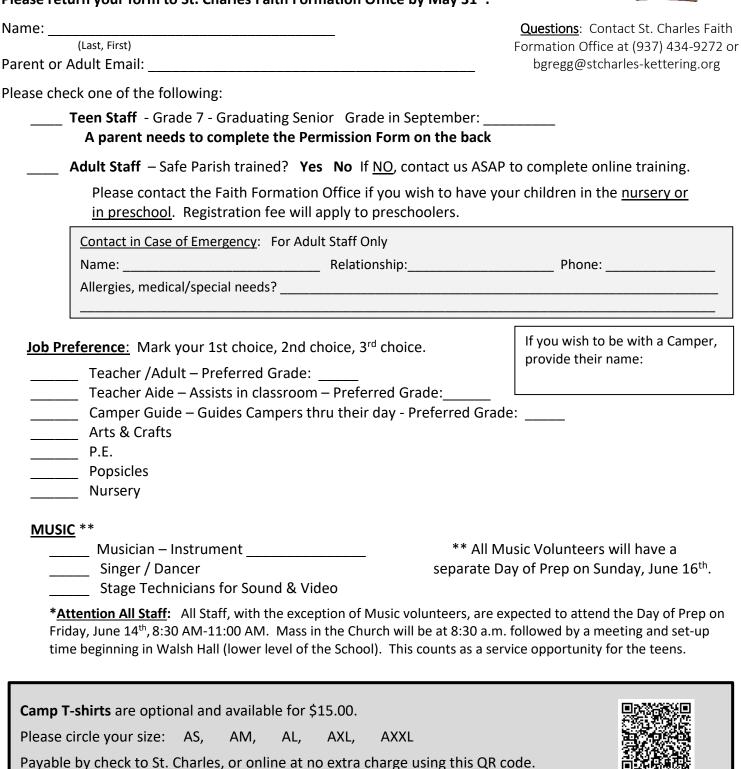
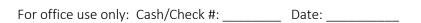
KCC Bible Camp – St. Charles Borromeo Staff Registration

June 17-21, 2024 9:00 a.m. – 12:00 p.m.

*Day of prep Friday, June 14, 8:30 – 11:00 a.m.

Please return your form to St. Charles Faith Formation Office by May 31st.





<u>Church Agency</u>: Kettering Catholic Community <u>Meeting Place</u>: St. Charles Borromeo School

Location: 4600 Ackerman Blvd., Kettering OH 45429

<u>Starting/Ending Date</u>: June 14, 17-21, 2024 <u>Starting/Ending Time</u>: 9:00 a.m.-12:00 p.m. Activity: Bible Camp Program Group Leader: Erin Fanning

Cost: (1) Camper \$50; (2) Campers \$75; (3+)Campers \$100

Phone for Faith Formation: (937) 434-9272 Emergency No: (937) 313-1615 Erin Fanning

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

- 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 heath 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 \square agree \square 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. □ 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 Archdishop 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:
Print Name:	_Home Address:
Place of Employment & Address:	
Custodial Parent/Legal Guardian Phone No (cell):	; (other Phone No):
Emergency Contact Phone No (cell):	; (other Phone No):
MEDICAL INFORMATION FORM - Completed by Cu Child's Name:	todial Parent/Legal Guardian — Please Print Birth date:
	etes, asthma):
	Phone No: