

LAST NAME of Child(ren) _____

Parent's Names _____

Email address (for announcements) _____

**2025-2026 Religious Education Registration NW 5 Family of Parishes
St. Nicholas Parish**

ARCHDIOCESE OF CINCINNATI PERMISSION, RELEASE AND AUTHORIZATION TO SEEK MEDICAL TREATMENT (rev. 06-2020)

1. I, the parent or lawful guardian of the children listed on this medical form, 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 St. Nicholas Church, 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, their respective officers, agents, representatives, volunteers, and employees, and all priest, bishops, clergy, and religious of the foregoing entities, from any and all liability, claims, judgments, damages, costs and expenses, including attorneys' fees, arising out of any injury, death, illness, or infectious disease, such as MRSA, influenza, or COVID-19, (including any injury, death, illness, or infectious disease caused by the negligence of St. Nicholas Church, the Archbishop, the Archdiocese, any parish or school within the Archdiocese, and/or their respective officers, agents, representatives, volunteers or employees) 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 St. Nicholas Church, the Archbishop, the Archdiocese, all parishes and schools within 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 any injury, illness, infectious disease, 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 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.

7. St. Nicholas Church, 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 there from, or from actions taken by any governmental or municipal authority to prevent, avoid, or mitigate the impacts thereof, irrespective of whether formally declared as a "pandemic", "epidemic", or the like by any public health entity or governing body.

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.

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

Signature of Parent or Guardian _____ Date ____/____/____

Home Address _____ City _____ Zip _____

Parent or Guardian Phone # (home) _____ (cell) _____ (work) _____

Emergency Contact: (other than Parent) _____ Phone # _____

**MEDICAL INFORMATION (PLEASE PRINT)
Completed by Parent or Guardian**

CHILD'S NAME		GRADE/AGE	BIRTH DATE	SCHOOL	LEARNING
LAST	FIRST			OR CHRONIC CONDITIONS ATTENDING DIABETES ALLERGIES/MEDICATIONS	(E.G. EPILEPSY,
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Medical Insurance Co. _____ Policy No. _____

Place of Employment _____

Work Address _____ City _____ Zip _____

Member's Name _____ Phone # (home) _____ (work) _____

Member's Birth Date ____/____/____ Member's Soc. Sec. #* _____

Family Doctor _____ Phone # _____

Parents will receive a specific form with information and a required parental signature for events not listed on the reverse side.

ACTIVITY INFORMATION

[This Release Form will be used for all CCD classes and any events your child/children may attend.]

ON-GOING PROGRAM & ACTIVITIES

Church Agency: **St. Nicholas Catholic Church, 128 Church St, Osgood, OH**

On-Going Program: **Religious Education Classes & Evening Prayer/Sunday School Religion**

Activities:

- All Youth Ministry Events
- Wednesday Evenings 7- 8:20 p.m.
- Vacation Bible School (June 8-11, 2026)
- Other activities your child may attend associated with CCD or Youth Ministry.

Starting Date: **08/01/25** Ending Date: **08/31/26**

Type of Transportation (if any): **Provided as necessary**

Group Leader Information: **Amy Schoen, CRE – (cell) 419-582-2150**

Stephanie Pohlman- YM (cell) 419-230-5701

A. ONE TIME ACTIVITY – EXALT: JUNIOR HIGH & HIGH SCHOOL STUDENTS

Church Agency: **St. Nicholas Youth Ministry**

Emergency Number: **Amy Schoen 419-582-2150**

Location: **Minster High School**

Cost: **FREE**

Date: **Wednesday, October 8, 2025**

Type of Transportation: **Cars**

Activity Involved: **Spiritual Renewal**

Group Leader: **Youth Minister and Coordinator of Religious Education**

B. ONE TIME ACTIVITY – EVENING OF RENEWAL: HIGH SCHOOL STUDENTS

Church Agency: **St. Nicholas Youth Ministry**

Emergency Number: **Amy Schoen 419-582-2150**

Location: **St. Charles Seminary**

Cost: **\$5 per person(collected with CCD fees)**

Date: **Wednesday, October 1, 2025**

Type of Transportation: **Cars**

Activity Involved: **Spiritual Renewal**

Group Leader: **Youth Minister and Coordinator of Religious Education**

C. ONE TIME ACTIVITY – DRAGON SLAYER RETREAT: SECOND GRADE STUDENTS

Church Agency: **St. Nicholas Catholic Church**

Location: **Versailles High School**

Emergency Number: **Amy Schoen 419-582-2150**

Date: **Sunday, October 5, 2025**

Activity Involved: **Second grade retreat**

Group Leader: **Second Grade Catechists and Coordinator of Religious Education**