Last Name of Child(ren) _____

Parent's Names _____

Email address _____

2026-2027 RELIGIOUS EDUCATION REGISTRATION NW 5 FAMILY OF PARISHES

ST. LOUIS PARISH

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

1._____I, the parent or lawful 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 and indemnify St. Louis Catholic Church & St. Louis CCD, 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 School, 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 the Activity or traveling to or from the Activity or while using the facilities and equipment of the Parish 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 Parish, 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 of injury, illness, infectious and/or communicable disease, and death.

3._____I agree to instruct my Child to cooperate with the Archbishop or his agents in charge of the activity.

4._____I authorize the agents of the Parish and/or the Archdiocese 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 ☐ do not 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 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.

7._____St. Louis Parish, 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, 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.

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

Home Address _____ City _____ Zip _____

Parent or Guardian Phone # (cell) _____ 2nd Phone # (cell) _____

Emergency Contact other than Parent_____ Phone #_____

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MEDICAL INFORMATION

(Please Print) **Completed by Parent or Guardian**

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

Medical Insurance Co._____ Policy No. _____

Place of Employment _____

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

Family Doctor _____ Phone # _____

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

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. Louis Catholic Church, 15 E. Star Rd., North Star, OH**
On-Going Program: **Religious Education Classes & Evening Prayer/Preschool CCD**
Activities:

- All Youth Ministry Events
- Wednesday Evenings 7- 8:30 p.m.
- Sunday Preschool classes during the scheduled Mass times.
- Vacation Bible School (June 2027)
- Server's Day (June 2027)
- Other activities such as Valentine Day visits, Canoeing and Spiritual enrichment visits that your child may attend associated with CCD or Youth Ministry.

Starting Date: **09/02/26** Ending Date: **09/30/27**
Type of Transportation (if any): **Provided as necessary**
Group Leader Information: **Gwenn Barga, CRE – 419-336-1406 (office) 937-597-7904 (cell)**

A. One Time Activity – Evening of Renewal

Church Agency: **St. Louis Youth Ministry**
Location: **St. Charles Center or Spiritual Center (TBA)**
Emergency Number: **419-582-2531 (Pastoral Center) or 419-336-1406 (St. Louis Office)**
Cost: **$10 per person**
Starting Date/Time: **Wednesday, October 7, 2026 time TBA**
Type of Transportation**: Cars**
Activity Involved**: Spiritual Renewal**
Group Leader: **Youth Minister and Director of Religious Education**

B. One Time Activity – EXALT – Junior & Senior CLASS

Church Agency: **St. Louis Catholic Church**
Location: **Minster High School or TBA**
Emergency Number: **419-582-2531 (Pastoral Center) or 419-336-1406 (St. Louis Office)**
Cost:
Starting Date/Time: **Wednesday, October 14, 2026 time TBA**
Type of Transportation: **Cars**
Activity Involved: **Spiritual Renewal**
Group Leader: **Junior and Senior class catechists**

C. One Time Activity – PIZZA WITH THE PRIESTS – HS BOYS

Church Agency: **St. Louis Catholic Church**
Location: **Knights of Columbus Hall or TBA**
Emergency Number: **419-582-2531 (Pastoral Center) or 419-336-1406 (St. Louis Office)**
Cost:
Starting Date/Time: **Wednesday, November 4, 2026 time TBA**
Type of Transportation: **Cars**
Activity Involved: **share a meal with the priests while learning about discernment, seminary life and the priesthood.**
Group Leader: **Catechists**