

# ST. IGNATIUS REGISTRATION FORM

(PLEASE PRINT)

**Please Note:** To participate in this activity, you must be a member of St. Ignatius parish and enrolled in an approved Catholic education program.

Activity

Participant's Name

LAST

FIRST

MIDDLE

TELEPHONE

Address

NO.

STREET

ZIP CODE

Date of Birth

MONTH / DAY/ YEAR

SCHOOL ATTENDING

GRADE

Place of Birth

CITY

COUNTY

STATE

E-mail Address

Would you like to coach or volunteer for this activity?

Name

**I agree that St. Ignatius Athletic Association, Coaches, Coordinator and Board Members are not responsible for any injuries sustained while participating in any of its sponsored sports. I also agree to be responsible for returning ALL school equipment and uniforms at the proper time or pay the replacement cost.**

Date

Signed

PARENT OR GUARDIAN

TOTAL FEE

## PARTICIPANT'S MEDICAL INFORMATION

Allergies

None

Medications

Chronic Conditions (e.g. epilepsy, diabetes)

Medical Insurance Co.

Policy No.

Member's Name

Home Phone

Work Phone

Family Doctor

Phone

Emergency Contact

Phone

## ARCHDIOCESE OF CINCINNATI RELEASE AND INDEMNIFICATION AGREEMENT AND MEDICAL POWER OF ATTORNEY

1. I, the lawful parent or guardian of \_\_\_\_\_ (the "child"), release from all liability, and indemnify and hold \_\_\_\_\_ (name of child)

harmless the Archbishop of Cincinnati ("the Archbishop"), both individually and as trustee for the Archdiocese of Cincinnati and all parishes within the Archdiocese, and the officers, agents, representatives, volunteers and employees of either the Archdiocese or any parish thereof ("agents") from any and all liability, actions, causes of action, claims, judgments, cost or expenses, including attorney fees, known or unknown at this time, arising out of or in any way related to any injury of illness incurred by my child while participating in or traveling to or from the activity.

2. I agree to instruct my child to cooperate with the Archbishop or his agents in charge of the activity.

3. (a) 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:

(i) To give any and all consents and authorization to any physician, 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 my 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.

(b) The powers and authority granted herein may be revoked by me by written notice delivered to the Archbishop or his agents who are then acting or who have previously acted hereunder. Without such written notice, this power of attorney shall not be affected by my disability, incapacity or adjudicated incompetency. This power of attorney shall lapse automatically upon completion of the activity and the return of my child to the Ending Place.

4. I agree that the Archbishop or his agents may use my child's portrait or photograph for editorial purposes and office functions, and hereby release the Archbishop and his agents from any liability resulting from such use.

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

Parent or Guardian (Type Full Name)

Signature of Parent or Guardian

Date