

K-3 KICKBALL

Dear Parents and Students,

It is my pleasure to announce that we will be having Kickball offered again this year to our Kindergarten through Grade 3 students. Last year was very successful in terms of student engagement, and we look forward to another great year. This year, we will be focusing on the Old Testament, using resources like Superbook, the Beginners Bible, and Nest's Animated Stories of the Bible.

For those of you who are not familiar with our Kickball Fridays, we are a coed group that meets after school on some Fridays **immediately after school until 5pm** playing a game (mostly kickball) and watching a video that help our students learn more about their faith. We hope to engage our students in a way that excites them about their faith, and hopefully engages them into Catholics involved in youth ministry at older ages.

Listed below is the schedule of the meeting dates this year. These dates may change due to gym availability/other unforeseen events. Please provide your email address for our primary means of communication and check our youth ministry Facebook page for further news or updates. Like us on Facebook: [St. Augustine/St. Joseph Youth Ministry](#). If you have any further questions, please feel free to contact me.

| Kickball Afternoons Schedule | | | |
|---|--------------------------|-----------------------------|--------------------------|
| *All dates are from 3:15-5PM with church bus pickup after school (Parents pick up at 5pm at the Parish Center) | | | |
| Sept. 14th | In the Beginning | Mar. 29th | Moses |
| Sept. 21st | Noah's Ark | Apr. 5th | David and Goliath |
| Sept. 28th | Abraham and Isaac | Apr. 12th | Elijah |
| Oct. 12th | Joseph in Egypt | Apr. 19th | NO KICKBALL |
| Oct. 19th | Joseph's Reunion | Apr. 26th | Daniel |
| Oct. 26th | Vocations | May 3rd | Esther |

KEEP THIS COPY FOR YOUR CALENDAR!

God Bless!
 Alex J. Clune
 Youth Minister
 St. Augustine/St. Joseph Cluster
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 Email: alex@staugie.com

St. Augustine / St. Joseph Parish School of Religion-ARCHDIOCESE OF CINCINNATI K THRU 12TH GRADE PERMISSION, RELEASE AND MEDICAL POWER OF ATTORNEY (REV. 2013)(PLEASE PRINT - SEE REVERSE for ACTIVITY information)

1. I, the lawful parent or guardian of _____ (the "child"), give permission for my child to participate in the activity described on the *Activity Information* form and release from all liability and indemnify the Archbishop of Cincinnati ("the Archbishop"), both individually and as trustee for the Archdiocese of Cincinnati and all parishes and schools within the Archdiocese (the "Archdiocese"), and their 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 officers, agents, representatives, volunteers and employees.
2. I further understand that my Child's participation is purely voluntary and is a privilege and not a right, and that my Child, and I on behalf of my Child, elect to participate 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: 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.
5. 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.
6. This power of attorney shall lapse automatically upon completion of the activity and related travel.
7. 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. (Facebook, texting, etc.)
8. 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 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: (w) _____

Address _____ City _____ Zip _____

Phone: (h) _____ (cell) _____ (c) _____

Emergency Contact _____ Phone (w) _____ (h) _____

Medical Information – Completed by Parent or Guardian – PLEASE PRINT

| <u>Child's Name</u> | <u>Birth Date</u> | <u>Social Security # *</u> | <u>Allergies/Medications/Chronic Conditions (e.g. epilepsy, diabetes)</u> |
|---------------------|-------------------|----------------------------|---|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Medical Insurance Co. _____ Policy No. _____

Member's Name _____ Phone: (h) _____ (w) _____

Member's Birth Date ____ / ____ / ____ Member's Social Security # * _____
 (*Social Security number is optional. Note that some hospitals WILL NOT treat without

Family Doctor _____ PHONE _____

ACTIVITY INFORMATION

Completed by Church Agency - Please Print

ON Grounds Activity:

| | |
|---|---|
| Church Agency: St. Augustine | Activity: Kickball |
| Location: St. Augustine | Cost: \$0 |
| Sept 14 Sept 21 Sept 28 Oct 12 Oct 19 Oct 26 Mar 29 Apr 5 Apr 12 Apr 26 May 3 3:15-5pm All dates | Meeting Place: St. Augustine Religious Ed Center TO BE PICKED UP BY ST. AUGUSTINE BUSSING AT SCHOOL AT SCHOOL DISMISSAL. Parent pickup at 5pm. |
| Activities Involved: We are a coed group that meets after school on some Fridays immediately after school until 5pm playing a game (mostly kickball) and watching a video that help our students learn more about their faith. We hope to engage our students in a way that excites them about their faith, and hopefully engages them into Catholics involved in youth ministry at older ages. | |
| Group Leader: Alex Clune | Telephone: 419-628-3434/419-733-6850 |