

Please list the names of all high school students on this form. If your insurance company issues individual policy numbers for each child, please list the corresponding policy number and child's name.

**ST. AUGUSTINE/ST. JOSEPH
HIGH SCHOOL CYO PROGRAM
ARCHDIOCESE OF CINCINNATI
PERMISSION, RELEASE AND MEDICAL POWER OF
ATTORNEY**

1. I, the lawful parent or guardian of _____ (the "child/children"), give permission for my child/children to participate in the activity described on the reverse 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 within the Archdiocese, and their officers, agents, representatives, volunteers, and employees from any and all liability, claims, judgments, cost or expenses, including attorney fees, arising out of any injury or illness incurred by my child while participating in or traveling to or from the activity.

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

3a. 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:

(i) 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/children.

(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/children.

3b. This power of attorney shall lapse automatically upon completion of the activity and related travel.

4. I agree that the Archbishop or his agents may use my child/children's portrait or photograph for promotional purposes, website and office functions.

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

Signature of Parent or Guardian _____ Date / /

Medical Insurance Co. _____ Policy No. _____

Member's Name _____

(See reverse for activity information)

ACTIVITY INFORMATION

A. **On-Going Program – High School CYO (Catholic Youth Organization) Basketball Program**

Church: **Sts. Augustine/Joseph Catholic Church** Program: **Youth Ministry Program**

Starting Date: **10/18/10** Ending Date: **3/31/2011** Registration Fee: **\$15.00/participant**

Usual Location: **Per Northern Valley Catholic Youth Organization Basketball Schedule**

Usual day and time: **Sundays, 11 am – 9 pm – Please see team schedule for exact start time of game**
November- 14, 21, 28, December- 5, 12, 19, 26, January- 2, 9, 16, 23, February- 6
Tournament Dates: (Please mark these also) Feb.- 13, 20, 27

Routine Activities: **Basketball League and Tournament**

Group Leader **Jane M. Boeke, Coordinator of Religious Education** Phone No. **419/628-3434**

Activity Leader : **Tom Sharp, CYO Coordinator** Phone No. **419/628-4252**

