

# SJN Youth Ministry Canoe Trip!

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**Sunday, Sept 12<sup>th</sup>**

**10:30 - 3:30 PM**

**Meet in front of the SJN Offices at 10:30.  
Grades 7-12 *Parent Helpers Needed!***

‡ Join us for a great time on the **Little Miami River**. No splashing allowed. (Ok maybe some.)

‡ Cost is \$15 per person. Bring a bag lunch, towel, sunscreen & wear clothes that may get wet.



‡ RSVP's to Elizabeth by Sept. 9th would be helpful at [emontgomery@isoc.net](mailto:emontgomery@isoc.net) or 742-0953 x11.

**ARCHDIOCESE OF CINCINNATI/ST. JOHN NEUMANN PARISH**  
**PERMISSION, RELEASE AND MEDICAL POWER OF ATTORNEY** (rev. 7-2005)

*Program/Event: Canoe Trip*

1. I, the lawful parent or guardian of \_\_\_\_\_ (the "child"), give permission for my child 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 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.
  - (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.
- 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'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.

ACTIVITY: Canoe Trip

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Youth (if over 18—this and parent's signature required): \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Phone: (w) \_\_\_\_\_ (h) \_\_\_\_\_

Place of Employment \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone: (w) \_\_\_\_\_ (h) \_\_\_\_\_

**Medical Information — Completed by Parent or Guardian — Please Print**

Child's Name \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Child's Soc. Sec. # \* \_\_\_\_\_

Allergies \_\_\_\_\_ Medications \_\_\_\_\_

Chronic Conditions (e.g. epilepsy, diabetes) \_\_\_\_\_

Medical Insurance Co. \_\_\_\_\_ Policy No. \_\_\_\_\_ Member's Name \_\_\_\_\_

Member's Phone: (h) \_\_\_\_\_ (w) \_\_\_\_\_ Member's Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Member's Soc. Sec. # \* \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

**\* Social Security number is optional. Please note that some hospitals WILL NOT treat without it.**

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**ACTIVITY INFORMATION**

**Parents, please return the top portion and keep this portion FOR YOUR INFORMATION**

Church Agency: St. John Neumann Youth Ministry Activity: Canoe Trip Cost: \$15.00 per person

Start Date/time: Sun. Sept. 12<sup>th</sup> 10:30 to 3:30pm Meeting Place: St. John Neumann Offices at 10:30 End date/time: Sun. Sep 12@3:30pm

Group Leader: Elizabeth Montgomery Telephone no.: 742-0953 x11 Emergency No: 937-409-6503

Other Information: Meet @SJN office @10:30pm and bring a bag lunch Transportation: Parent drivers