



***This Summer, don't
just hang out - SOAR!!!***

***Step Out And Respond
to the poor and needy in our area!***

SOAR Summer Shorts!

This Summer, youth from Ascension and St. Charles are joining forces to put our faith into action!

Sat. July 17 **Thur. July 29** **Tues. Aug 10**

Each day runs from 8:00 AM to 7:00PM and includes Mass, dinner, and good, hard work

Sign up for 1, 2 or all 3 days!

Open to HS classes of 2010 - 2015 (incoming 8th graders)

Fill out the attached Application and Release Forms and return them to the Youth Office via the Sunday collection basket or snail mail. Space is limited, so hurry! Parent drivers will be needed - please contact Joe Ollier at 253-5171 x107 or jollier@ascensionkettering.org if you can help.

OFF-SITE & ONE-TIME ACTIVITY RELEASE & MEDICAL INFO

Church of the Ascension 2025 Woodman Dr, Kettering OH 45420 www.ascensionkettering.org

ACTIVITY: SOAR Summer Shorts **COST:** \$10/day inc. b'fast, dinner, supplies
LOCATION: Various locations around Dayton, OH **EMERGENCY PHONE:** (937) 251-4599
START TIME: 8:00 AM **MEETING PLACE:** Ascension Parking lot
END TIME: 7:00 PM **LEADER:** Joe Ollier **TEL:** Cell:251-4599
DATE: Sat. July 17 and/or Th. July 29 and/or Tue Aug 10 **EMAIL:** jollier@ascensionkettering.org
TRANSPORTATION: Caravan, parent drivers **PARENT DRIVERS NEEDED**
TYPE OF ACTIVITIES: Manual labor, prayer and discussion, Mass, dinner
OTHER INFORMATION: Registration is limited and is first come, first served – **Registration deadline is July 1.**

----- **PARENTS: KEEP TOP for your records, RETURN BOTTOM of form** -----

**ARCHDIOCESE OF CINCINNATI
PERMISSION, RELEASE AND MEDICAL POWER OF ATTORNEY**

Event: SOAR SUMMER SHORTS
Date: Circle appropriate dates
July 17 July 29 Aug 10

- 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, judgements, 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.

Parent/Guardian Signature _____ Date ____/____/____
Home Address _____ City _____ Zip _____
Parent E-mail _____ Youth E-mail _____
Phone (H) _____ (W) _____ (C) _____
Youth Cell _____ Youth School _____ HS year of graduation _____
Emergency Contact _____ Phone (H) _____ (W) _____ (C) _____

MEDICAL INFORMATION -- Completed By Parent/Guardian -- Please Print

Child's Name _____ Birthdate ____/____/____
Allergies & Recommended Treatment _____
Medications, Times, Dosages _____
Medication may be administered by (circle all that apply): My child chaperones
Chronic Conditions (e.g. epilepsy, diabetes) _____
Medical Insurance Co. _____ Policy Number _____
Member's Name _____ Hm Phone _____ Wk Phone _____
Member's Birthdate ____/____/____ Family Doctor _____ Phone _____
___ I can Drive/Chaperone (___ # passengers w/ seatbelts) **OFFICE USE: Paid _____ Check # _____**

Soar Summer Shorts Application/Registration



Name: _____

Date _____

Address: _____

H.S. Grad. Yr _____

City: _____ Zip: _____

Parish _____

Phone: (H) _____ (parent cell) _____ (youth cell) _____

Email: (parent) _____ (youth) _____

Please circle the dates for which you are registering:

Saturday, July 17 Thursday, July 29 Tuesday, August 10

What do you hope to accomplish by participating in S.O.A.R.?

Describe a time when you stepped out of your "comfort zone" to do something for another person

Return this form along with the Off-site release form and your payment to the Ascension Youth Office in person or via the collection basket or snail mail.

Cost: \$10/day – includes breakfast, dinner, and supplies

**Make checks payable to:
Ascension Church
2025 Woodman Drive
Kettering, OH 45420**