



Ascension Parish Vacation Bible School 2011

Join us as we follow Jesus through
Bible stories, crafts, and fun!

Preschool (4 years) through Grade 5
Monday, July 11-Friday, July 15
8:45 am until 11:30 am
Witzman Center

CAMPER REGISTRATION

Cost - \$12.00 per child. Maximum of \$48 per family. (make checks payable to Ascension)

Family Last Name: _____

Address: _____ City _____ Zip _____

Daytime Phone: _____ E-mail _____

Emergency Contact Person _____ Phone _____

Volunteers are very important to our program. If you or an older student from your family are able to help please include your name/names and a number where we can contact you. Thank you!

Adult's Name _____ Phone _____

Teen Helper _____ Phone _____ Grade _____

Please list the Child's/Children's name and the grade they will be going into. Staff parents are given first consideration.

Child's Name	Age	Grade <small>(in Sept. 11)</small>

Registration is on a first come first serve basis. Completed forms (both sides) must be received, along with payment by July 1st, 2011. Forms may be returned to the Parish Office, School Office or Religious Education Office. Direct questions to Tara Schumaker, 256-3596, tschumaker@woh.rr.com or the Religious Education Office 254-0622.

PLEASE COMPLETE MEDICAL FORM ON BACK SIDE OF REGISTRATION

For Office Use Only Fee Paid _____	Date Received _____
--	---------------------

Archdiocese of Cincinnati
Permission, Release and Medical Power of Attorney

1. I, the lawful parent or guardian of (please list children's names) _____

give permission for my child to participate in Religious Education Classes described above, 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, costs 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.
3. 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:
- a. 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 dentist 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.
 - b. 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.
 - c. 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.

Signature of Parent or Guardian _____ **DATE** ___/___/___

Work Phone: _____ **Cell Phone:** _____

Medical Insurance Company _____ **Policy No.** _____

Members Name _____

Family doctor Name _____ **Phone** _____

Dentist Name _____ **Phone** _____

Medical Information to be completed by Parent or Guardian (Please Print clearly)

Child's Name _____

Birth Date _____ Grade _____

Allergies _____

Medications _____

Chronic Conditions (e.g. epilepsy, diabetes) _____

Child's Name _____

Birth Date _____ Grade _____

Allergies _____

Medications _____

Chronic Conditions (e.g. epilepsy, diabetes) _____

Child's Name _____

Birth Date _____ Grade _____

Allergies _____

Medications _____

Chronic Conditions (e.g. epilepsy, diabetes) _____

Child's Name _____

Birth Date _____ Grade _____

Allergies _____

Medications _____

Chronic Conditions (e.g. epilepsy, diabetes) _____