

2012 March for Life - Washington DC

One-Time ACTIVITY INFORMATION & RELEASE

Ascension Church 2025 Woodman Drive, Kettering OH 45420 (937) 253-5171 www.ascensionkettering.org

ACTIVITY: March for Life -2012

LOCATION: Washington DC

START DATE/TIME: Saturday, Jan.21st 8:15AM

END DATE/TIME: Tuesday Jan 24th 3AM

TRANSPORTATION: Lakefront coach bus

TYPE OF ACTIVITIES: March for Life, , Right to Life Convention, pro-life youth rally and mass, pizza party – game night, DC monument tour, National zoo or Arlington Cemetary.

OTHER INFORMATION: All who attend with this trip agree to abide by all meeting times, parent or designated chaperone of youth needs to attend.

Below this Line Detach & Return the Information + \$75 deposit (1 per person)

to: Jeannette Niezgodski, 1994 Pacer Trl. Beavercreek, OH 45434

\$75 deposit Ck# _____ date _____

\$120.00 due by 12-10-11 ck# _____

Checks payab;e to Ascension

If you need to make other payment arrangements please let me know.

March for Life Washington DC

ARCHDIOCESE OF CINCINNATI --- PERMISSION, 2012

RELEASE AND MEDICAL POWER OF ATTORNEY

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.

Signature of Parent/Guardian _____ Date ____/____/____

Home Address _____ City _____ Zip _____

Place of Employment: _____

Work Address _____ City _____ Zip _____

Hm Phone _____ Cell Phone _____ Work Phone _____

Parent or Youth Email address _____

Emergency Contact _____ Relationship _____

Hm Phone _____ Cell Phone _____ Work Phone _____

City and State of birth – for Pentagon clearance _____ N/A for 2012 _____

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

Participant's Full Name _____ Birthdate ____/____/____ SS# _____

Allergies _____

Medications _____

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

Medical Insurance Co. _____ Policy Number _____

Member's Name _____ Hm Phone _____ Wk Ph _____

Member's Birthdate ____/____/____ Member's SS# * _____

Family Doctor _____ Phone _____

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

• Roommate requests _____

• Deposit - \$75.00 ck# _____ date _____ \$120.00 due 12-10-11 ck# _____

NEW Limited availability on 4 single beds in a room – please send in with deposit an extra \$12.00 to cover this for both nights – do not delay