

# **Bom Diggity** © 2011

## **Who?**

**6<sup>th</sup>, 7<sup>th</sup> and 8<sup>th</sup> graders**

## **Where?**

**The Red House**



## **When?**

**Every Thursday during the school year from 3:30pm – 5pm, [excluding holidays and days Keith can't be there]**

## **How much?**

**\$5 for a half a year, or \$10 for full year [to help pay for the snacks and drinks].**

## **Why?**

**It is an AWESOME place for junior highers to hang out with their friends.**

## **What else?**

**We need parents help to make BD possible. A signup sheet hangs inside the Red House, you can signup online**

**@[www.SignUpGenius.com/go/every3](http://www.SignUpGenius.com/go/every3) or you can contact Keith #533-5525, cell # 910-9110, or [kpfaller@smshp.com](mailto:kpfaller@smshp.com).**

**[www.saintmaryhydepark.org/smyu](http://www.saintmaryhydepark.org/smyu)**

This page is for your records the next two pages need to be turned in for our records.

**ST. MARY, HYDE PARK YOUTH MINISTRY**  
**PERMISSION, RELEASE FROM LIABILITY, & LIMITED POWER OF ATTORNEY AGREEMENT**

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1a) I, \_\_\_\_\_, the custodial parent/guardian of \_\_\_\_\_, hereby do agree to the following terms for my child's participation in Youth Ministry activities of St. Mary's Parish, Hyde Park. These permissions, releases, indemnification, and temporary powers of attorney shall be in force for one year, as specified below. I recognize the designated Youth Minister, St. Mary Parish, Hyde Park as the responsible agent of the Archdiocese of Cincinnati (the "Archbishop").

1b) I release from all liability, and indemnify and hold harmless the Archbishop, both individually and as trustee for the Archdiocese of Cincinnati and all parishes within the Archdiocese, and the officers, agents, representatives, volunteers, and employees of either the Archdiocese or any parish thereof ("agents") any and all liability actions, causes of action, claims, judgments, costs or expenses, including attorney fees, known or unknown at this time, arising out of or in any way related to any injury or illness incurred by my child while participating in or traveling to or from these activities.

2) **I agree to instruct my child to cooperate with the Archbishop or his agents in charge of these activities.**

3a) I appoint the Archbishop or his agents who are acting as leaders of these activities as my attorney in fact to act for me in my name and on 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 these activities: (i) To give any and all consents and authorizations to any physician, dentist, hospital, or other persons or institutions pertaining to any emergency medications, medical or dental treatments, diagnostic or surgical procedures or any emergency actions as our attorney shall deem necessary or appropriate for the best interest of my 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) The powers and authority granted herein may be revoked by me by written notice delivered to the Archbishop or his agents who are then acting or who have previously acted there under. Without such written notice, this power of attorney shall not be affected by my disability, incapacity or adjudicated incompetency. **This power of attorney shall commence with the beginning of each activity and shall lapse automatically upon the completion of each activity.**

4) I agree that the Archbishop or his agents may use my child's portrait or photograph for editorial purposes and office functions, including computer media, and hereby release the Archbishop and his agents from any liability resulting from such use.

[Note: St. Mary's Youth Ministry, and associated staff members & volunteers will never post pictures of youth on the internet with individually identifiable names.]

5) **This release and indemnification and medical power of attorney shall be deemed valid for all activities of Youth Ministry of St. Mary's Parish, Hyde Park, on the school or church premises, and is understood to be valid for one year from the date granted.**

6) If any change occurs in the information provided by the custodial parent or guardian with respect to emergency contacts or medical information, the appropriate agent will be provided with written notification of such change as soon as possible.

**I have read and agree to the terms listed on this form.**

\_\_\_\_\_  
Signature of Custodial Parent/Guardian

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Printed Name of Signer

**Junior Higher BD Promise**

I promise to help clean the Red House after each Bom Diggity, obey the rules of Bom Diggity, and to always act appropriately during the Bom Diggity time. If I do not follow through with this promise I will not be able to come to BD.

\_\_\_\_\_  
Signature of junior higher

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Printed Name of Signer

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On-going Program Information

Church Agency: St. Mary Parish Program or Group: **Bom Diggity, Junior High Thursday After School Mtgs**

Cost: \$5 for a 1/2 year, \$10 for a full Group Leader: Keith Pfaller Phone #: (o) 321-1207 ext 5525, (c) 910-9110

Usual Location: the RED HOUSE. Usual Day and Time: 3:30-5:00pm, Starting Oct. 13, 2011

Routine Activities: There are varieties of activities that occur to name a few: prayer, movies, games, sports, discussion, snacking, and spiritual growth.

Other Information: All information about Youth Ministry activities and other permission slips can be found on the website, [www.saintmaryhydepark.org/smym](http://www.saintmaryhydepark.org/smym).

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**PLEASE PRINT ALL OF THE REQUESTED INFORMATION BELOW:**

Teen's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Teen's Residential Address: \_\_\_\_\_

Family Email: \_\_\_\_\_ Teen's Email: \_\_\_\_\_

Parent Phone: (h) \_\_\_\_\_ (c) \_\_\_\_\_ (w) \_\_\_\_\_

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

My child may be given: \_\_\_Aspirin \_\_\_Tylenol \_\_\_Advil \_\_\_NO over-the-counter medicines

Teen's Allergies: \_\_\_\_\_

Teen's Medications: \_\_\_\_\_

Teen's Chronic Conditions: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_ (For convenience, please provide a photocopied insurance card for our records)

Policy ID Number: \_\_\_\_\_

Member's Name: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Family Dentist: \_\_\_\_\_ Phone Number: \_\_\_\_\_