

Cantor Workshop for Grades 5 Thru 8 - ARCHDIOCESE OF CINCINNATI
PERMISSION, RELEASE AND MEDICAL POWER OF ATTORNEY (rev. 6-2006)

1. I, the lawful parent or guardian of _____ (the "child"), give permission for my child to participate in the activity described on the *Activity Information* form 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 or Guardian _____ Date ____ / ____ / ____

Home Address _____ City _____ Zip _____

Place of Employment _____

Work Address _____ City _____ Zip _____

Parent or Guardian Phone No. (w) _____ (h) _____

Emergency Contact _____ Phone No. (w) _____ (h) _____

Medical Information — Completed by Parent or Guardian — Please Print

Child's Name _____ Birth date ____ / ____ / ____

Child's Soc. Sec. No. * _____

Allergies _____

Medications _____

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

Medical Insurance Co. _____ Policy No. _____

Member's Name _____ Phone No. (h) _____ (w) _____

Member's Birth date ____ / ____ / ____ Member's Soc. Sec. No. * _____

Family Doctor _____ Phone No. _____

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

(See *Activity Information* form)

ACTIVITY INFORMATION

Parent/Guardian Information – Cantor Workshop For Youth, January 23, 2010

Church Agency : Worship Office Archdiocese of Cincinnati

Activity: Cantor Workshop for Grades 5 - 8

Location: St. Francis of Assisi Church, 6245 Wilmington Pike., Centerville, OH 45459

Emergency No.: Karen Kane (cell) 513-543-5712 Cost: \$20. per person (five or more \$100. per parish)

Registration due date: January 19, 2010

Starting Date and Time: Saturday, January 23, 2010 at 9:30 a.m. Meeting Place: St. Francis of Assisi Church

Ending Date and Time: Saturday, January 23, 2010 at 12:00 noon Pick-up Place: St. Francis of Assisi Church

Activities Involved: This workshop is designed to train young people in the art of leading an assembly as cantor, psalmist, and leader of song. Participants will develop vocal skills, leadership styles, and deepen their understanding of what it means to lead the assembly in sung prayer.

Type of Transportation (if any): Provided by participants

Group Leader: Karen Kane, Director of the Worship Office, Arch of Cincinnati. Phone No: 513-421-3131ext. 2670
Sr. Kathleen Harmon, SNDdeN Phone No: 937-854-3646

 Check here if any additional information is attached. (Note: any additional activity information (e.g. schedule, list of specific activities, etc.) may be attached to further inform parents(s) or guardian(s).