

ST. CHRISTOPHER

Youth Ministry

amp fest

JUNE 23, 2018

REGISTRATION BEGINNING AT 3PM
EVENT FROM 4PM TO 10PM

TRANSFIGURATION CENTER

3505 CALUMET ROAD
LUDLOW FALLS, OHIO

Turn form & payment in by
4/10 to lock in this price!

\$30 BEFORE 4/16 • \$35 BEFORE 6/11 • \$40 AFTER 6/11
FOR TEENS IN GRADES 8-12

2018
*Summer
Concert*

LET'S
GO!

MUSIC FEATURING KEVIN HEIDER AND ALOB

Amp Fest seeks to invite teens to behold the authentic joy of the Christian community, to cultivate an interest in the Gospel through beauty, and to propose Jesus Christ as the answer to their deepest desires.

FRIENDS. GAMES. MUSIC. DINNER. MASS.

FOR COMPLETE EVENT INFORMATION VISIT: MIDWESTAMPFEST.COM

SPONSORED BY:

TRANSFIGURATION CENTER



ST. CHRISTOPHER *Youth Ministry*

ACTIVITY INFORMATION Completed by Church Agency - Please Print

(As a convenience to parent(s) or guardian(s), a duplicate copy of this information may be attached so as to be retained by them; also any additional information may be attached to further inform them of specific scheduling details, additional activity information, etc.)

One-Time Activity



Church Agency	St. Christopher Youth Ministry	Activity	AMPFEST @ Transfiguration Center	
Location	3505 Calumet Rd. Ludlow Falls, OH 45339	Emergency No.	(937)248-7150	Cost \$30 each partic.
Starting Date and Time	6-23-18 3:00PM	Meeting Place	St. Chris Church	
Ending Date and Time	6-23-18 10:30PM	Meeting Place	St. Chris Church	
Activities Involved	Games, Music, Dinner, Worship			
Type of Transportation (if any)	Caravan Youth Minister and Parent Volunteers			
Group Leader	Elena Pope	Telephone No.	cell (937)248-7150	office (937)898-3542 ext 104
Other Information	CHECKS made out to: ST. CHRISTOPHER mail form & payment to: 435 E. National Rd. Vandalia, OH 45377			

**Form & \$30
payment due
by:**

APRIL 10TH

ARCHDIOCESE OF CINCINNATI

PERMISSION, RELEASE AND AUTHORIZATION TO SEEK MEDICAL TREATMENT (rev. 09-2017)

- I, the parent or lawful guardian of _____ (the "child"), give permission for my child to participate in the activity described on the *Activity Information* form (the "Activity") and release from all liability and indemnify the Archdiocese of Cincinnati (the "Archdiocese"), the Archbishop of Cincinnati (the "Archbishop"), both individually and as trustee for the Archdiocese, and all parishes and schools within the Archdiocese, and their respective officers, agents, representatives, volunteers, and employees from any and all liability, claims, judgments, cost and expenses, including attorneys' fees, arising out of any injury or illness incurred by my child while participating in or traveling to or from the Activity and further agree not to bring or prosecute or allow to be brought or prosecuted (including but not limited to prosecution through subrogation) in my name, or on behalf of my Child, any claims, lawsuits or actions against the Archbishop, the Archdiocese, and their respective officers, agents, representatives, volunteers and employees.
- I further understand that my Child's participation in the Activity is purely voluntary and is a privilege and not a right, and that my Child, and I on behalf of my Child, agree to my Child's participation in the Activity in spite of the risks.
- I agree to instruct my child to cooperate with the Archbishop or his agents in charge of the activity.
- I appoint the Archbishop or his agents who are acting as leaders of the Activity to seek medical treatment of my child in the event of any injury, illness or medical emergency occurs during the activity or related travel. 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.
- I agree do not agree that the Archbishop or his agents may use my child's portrait or photograph for promotional purposes, website and office functions and use social media and technology to communicate to my child regarding ministry related activities.
- This acknowledgement and release is intended to be as broad and inclusive as permitted by the law of the State of Ohio, and if any portion hereof is declared invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This acknowledgement and release shall be construed in accordance with the laws of the State of Ohio, except for the choice of law provisions thereof.

I have carefully read and understand and accept the terms and conditions stated herein and acknowledge that this Permission, Release and Authorization to Seek Medical Treatment shall be effective and binding upon me, my Child, and my own and my Child's personal representative or estate, assigns, heirs, and next of kin and that I have signed this agreement of my own free will.

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

Home Address _____ City _____ Zip _____

Place of Employment _____

Work Address _____ City _____ Zip _____

Parent or Guardian Phone No. (cell): _____; (other Phone No.): _____

Emergency Contact Name & Relation: _____; Phone No. (cell): _____

Medical Information — Completed by Parent or Guardian — Please Print

Child's Name _____ Grade in School: _____ Birth date ____/____/____

Allergies _____

Medications _____

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

Medical Insurance Co. _____ Policy No. _____

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

Member's Birth date ____/____/____

Family Doctor _____ Phone No. _____