



# BLUE KNIGHTS Boys' Club

Crusaders for Virtue

St. Augustine/St. Joseph Cluster is excited to offer the Blue Knights Group for 1st-4th grade boys. Blue Knights is a Catholic boys club aimed at teaching the truths of the Catholic faith through Scripture, saints' biographies, games, crafts and the Catechism of the Catholic Church. The program is based on developing the boys understanding of St. Joseph and his role in the church. They will learn to be Knights for Christ through the virtues of faith, hope and love. The club is led by dads and all dads are encouraged to participate.

Meetings will be at the parish center on Mondays from 6:00-7:30pm. The first meeting is September 20th. There will also be an All Saints Day Celebration Mass during the 11:30 mass on October 31<sup>st</sup>. All boys and girls are encouraged to participate by dressing up as their favorite saint for mass.

There is a \$10 fee to join to help cover expenses. We are asking parents to volunteer to bring drinks and snacks this year. If you would like to volunteer, please complete the attached form.

**Please return the registration form, volunteer sign-up, and \$10 fee during religious education registration but no later than September 5<sup>th</sup>.**

If you have any questions, please contact Matt McDermitt at 419-733-4732.

Schedule of Meetings:

<b>September 20th</b>	<b>November 15<sup>th</sup></b>	<b>February 28th</b>
<b>October 18th</b>	<b>December 20<sup>th</sup></b>	<b>March 21st</b>
<b>October 31<sup>st</sup> – All Saints Day Mass @ 11:30</b>	<b>January 24<sup>th</sup></b>	<b>April 25<sup>th</sup></b>

**PERMISSION, RELEASE, AND AUTHORIZATION TO SEEK MEDICAL TREATMENT FORM (rev. 7-2020)**

1. I, the custodial parent/legal 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, indemnify, and hold harmless \_\_\_\_\_ (print name of parish and school) ("Parish and School"), the Archdiocese of Cincinnati (the "Archdiocese"), the Archbishop of Cincinnati (the "Archbishop"), both individually and as trustee for the Archdiocese, all parishes and schools within the Archdiocese, and all of their agents, representatives, volunteers, and employees from any and all liability, claims, judgments, damages, costs and expenses, including attorneys' fees, arising out of any injury, illness, infectious and/or communicable disease (such as MRSA, influenza, or COVID-19), or death, (including any injury, illness, infectious and/or communicable disease, or death caused by the negligence of Parish and School, the Archbishop, the Archdiocese, any parish or school within the Archdiocese, or any of their agents, representatives, volunteers, or employees) incurred by my Child while participating in the Activity, traveling to or from the Activity, or while using the facilities and equipment of the Parish and School. I 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 Parish and School, the Archbishop, the Archdiocese, all parishes and schools within the Archdiocese, or their agents, representatives, volunteers, and employees.

2. I 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 of injury, illness, infectious and/or communicable disease (such as MRSA, influenza, or COVID-19), and death. I agree that if my Child has underlying health concerns which may place him/her at greater risk of contracting COVID-19 or that would possibly increase the severity of illness if COVID-19 is contracted, then my Child and I will consult with a health care professional before participating in the Activity.

3. I agree to instruct my Child to cooperate with the agents of Parish and School and/or the Archdiocese who are in charge of the Activity.

4. I authorize the agents of Parish and School and/or the Archdiocese who are acting as leaders of the Activity to seek medical treatment for my Child in the event of any injury, illness, or medical emergency during the Activity or related travel. I understand that the agents of Parish and School and/or the Archdiocese will make a reasonable attempt to contact me as soon as possible in the event of a medical emergency involving my Child.

5. *Please indicate.* I  agree  do not agree that Parish and School and/or the Archdiocese may use my Child's portrait or photograph for promotional purposes, website, and office functions.

6. *Please indicate.* I  agree  do not agree that Parish and School and/or the Archdiocese may use social media and technology to communicate with my Child regarding parish/school related ministry activities.

7. This Permission, Release, and Authorization 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 Permission, Release, and Authorization shall be construed in accordance with the laws of the State of Ohio, except for the choice of law provisions thereof.

8. Parish and School, the Archdiocese, the Archbishop and their agents, employees, and volunteers shall have no liability whatsoever in the event the Activity is cancelled due, in whole or in part, to any present or future pandemic, epidemic, widespread disease or illness, public health concern, or circumstances arising therefrom, or from actions taken by any governmental or municipal authority to prevent, avoid, or mitigate the impacts thereof.

I have carefully read and understand and accept the terms and conditions stated herein and I acknowledge and agree that this Permission, Release, and Authorization to Seek Medical Treatment shall be effective and binding upon me, my Child, and our personal representatives, estates, assigns, heirs, and next of kin. I have signed below of my own free will.

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

Print Name: \_\_\_\_\_ Home Address: \_\_\_\_\_

Place of Employment & Address \_\_\_\_\_

Custodial Parent/Legal Guardian Phone No. (cell): \_\_\_\_\_; (other Phone No.): \_\_\_\_\_

Emergency Contact Phone No. (cell): \_\_\_\_\_; (other Phone No.): \_\_\_\_\_

Parent Email Address: \_\_\_\_\_

**MEDICAL INFORMATION FORM**

**Completed by Custodial Parent/Legal Guardian — Please Print**

Child's Name \_\_\_\_\_ Birth date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Allergies (e.g. food, drugs, anesthetics): \_\_\_\_\_

Medications taken regularly: \_\_\_\_\_

Medical Conditions/Impairments (e.g. epilepsy, diabetes, asthma): \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Custodial Parent/LegalGuardian Phone No. (cell): \_\_\_\_\_;(other Phone No.): \_\_\_\_\_

Emergency Contact Phone No. (cell): \_\_\_\_\_;(other Phone No.): \_\_\_\_\_

(See Activity Information Form below)

**ACTIVITY INFORMATION FORM**

**Completed by Parish/School -- 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; additional information may be attached to further inform them of specific scheduling details, additional activity information, etc.)

**A. On-Going Program**

Parish/School: St Augustine/St. Joseph Catholic Church \_\_\_\_\_ Program or Group: Blue Knights \_\_\_\_\_

Starting Date: 9/21/2020 \_\_\_\_\_ Ending Date 4/20/2021 \_\_\_\_\_ Registration Fee \$10.00 \_\_\_\_\_

Usual Location Parish Center \_\_\_\_\_ Usual day and time Mondays 6:00-7:30pm \_\_\_\_\_

Routine Activities Games, Crafts, and Snacks to learn about Saints and Scripture \_\_\_\_\_

Group Leader Matthew McDermitt \_\_\_\_\_ Telephone No. 419-733-4732 \_\_\_\_\_

Other Information \_\_\_\_\_

X 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).)

# Blue Knights Volunteer Sign Up

Please Return by Sept 5th

Child's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

(Please make sure your address, cell and email are filled out on the Archdiocese form)

Please put an X in any of the boxes that you can help with. The Volunteer Coordinator will contact you at the beginning of the month to let you know when you need to help. Thank you so much!

	DRINK	SNACK
<b>CAN HELP ANY MONTH</b>		
<b>Sept. 20 -</b>		
<b>Oct. 18 -</b>		
<b>Nov. 15</b>		
<b>Dec. 20</b>		
<b>Jan 24</b>		
<b>Feb. 28</b>		
<b>March 21</b>		
<b>April 25</b>		