

Vacation Bible School Registration Form

For St. Joseph Family of Parishes



- Holy Angels : June 10 - June 14, 9 - 11:30 am
- St. Michaels : June 10 - June 13, 1 - 4 pm
with St. Peter & Paul
- Sacred Heart : July 14 - July 18, 6 - 8:30 pm

Our parish would like to invite the **children entering 1st - 5th grade**, for the 2024 -25 school year to attend VBS, for the cost **\$20 per child**. Checks can be made out to the location you are planning to attend for VBS. Come explore this underwater theme as each student discovers how God is a friend who's real, loves us, that we can trust forever, and how He is for everyone! During our discovery, students will be able to explore Craft and Science stations, Music, and learn scripture within Bible stories. We hope you can join us for this amazing adventure!

Please return this registration form and payment by May 5, 2024. Forms may be returned to the child(s) religion education classes or dropped off in the offertory at any of the St. Joseph Family Parishes.

I would like my child(ren) to attend VBS at : Holy Angels Sacred Heart St. Michael's Hall
Please select one of the following. If you need to select more than one camp please fill out a separate form for each location.
Please be sure to fill out a permission form and medical release form for each child attending.

1. Child's Name _____ Age _____ Grade Entering _____

2. Child's Name _____ Age _____ Grade Entering _____

3. Child's Name _____ Age _____ Grade Entering _____

4. Child's Name _____ Age _____ Grade Entering _____

5. Child's Name _____ Age _____ Grade Entering _____

Photo
Release

Father's Name _____ Contact Number _____

Mother's Name _____ Contact Number _____

Person(s) name(s) who may pick up your child(ren).

Name 1. _____ Phone : _____

Name 2. _____ Phone : _____

Thank you for giving your permission to teach your child(ren) more about God, while giving them the opportunity to have fun at the same time!

Parent Signature _____ Date _____

Vacation Bible School Volunteer Form

For St. Joseph Family of Parishes



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*Please extend an hour prior to the above listed times to be added for daily preparations. Also extend the times between 30 minutes to 1hr for daily cleanup. Expectations and other important information will be discussed at our next meeting or via email for those unable to attend..

Volunteer Contact for ALL parishes:

Sarah Magato at 419-733-4941 or littledisciplesldc@gmail.com

Please check all locations and teams that apply.

I would like volunteer at : Holy Angels Sacred Heart St. Michael's Hall

Decorating Team

Setup

Tear Down

Group Leaders (Select age of the volunteer).

Middle School 6th-8th grade

Bible/Scripture Teacher Team

High School 9th-12th grade

Craft Stations

Adult

Snack Team

Video/Music Team

Games

Photographer

★ Volunteers: no training is needed to lead the classroom/stations. Manuals will be provided for usage. Items and supplies will be ordered for you. We will need many volunteers to help provide this opportunity to the children of our parish.

Your Name (Please Print): _____

Phone: _____

Email: _____

Date: or Time Restrictions: _____

Please return this volunteer form by May 5, 2024. Forms may be returned to your child(s) religion education classes, dropped off in the offertory at any of the St. Joseph Family Parishes, or emailed to Sarah Magato at littledisciplesldc@gmail.com.

ADULT PERMISSION, RELEASE, AND AUTHORIZATION
TO SEEK MEDICAL TREATMENT FORM
(rev. 7-9-2020)

1. I, the undersigned, will 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 me 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 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 participation in the Activity is purely voluntary and is a privilege and not a right, and that I agree to participate 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. If I have underlying health concerns which may place me at greater risk of contracting COVID-19 or that would possibly increase the severity of illness if COVID-19 is contracted, then I agree to consult with a health care professional before participating in the Activity.

3. I agree 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 me 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 the individual listed below as my emergency contact as soon as possible in the event of a medical emergency.

5. *Please indicate.* I agree do not agree that Parish and School and/or the Archdiocese may use my 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 me 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, excluding, and irrespective of, any choice of law principles to the contrary.

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.

9. 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 and my personal representatives, estates, assigns, heirs, and next of kin. I have signed below of my own free will.

Signature: _____ Date / /

Print Name: _____ Home Address: _____

Place of Employment & Address: _____

Phone No. (cell): _____ ; (other Phone No.): _____

Emergency Contact Name & Phone No.: _____

MEDICAL INFORMATION FORM

Please Print

Name: _____ Birth date: ____ / ____ / ____

Allergies (e.g. food, drugs, anesthetics): _____

Medications taken regularly: _____

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

Family Doctor: _____ Phone No.: _____

Phone No. (cell): _____ ; (other Phone No.): _____

Emergency Contact Name & Phone No.: _____

ACTIVITY INFORMATION FORM
Completed by Organizer - Please Print

Organizer SJPF Activity VBS

Location SH, St. Mark's, HA Emergency No. _____ Cost _____

Starting Date and Time June 10-14 Meeting Place _____

Ending Date and Time June 10-13 Meeting Place _____

Activities Involved July 14-18th

Type of Transportation (if any) ON OWN

Group Leader _____ Telephone No. _____

Other Information _____

____ Check here if any additional information is attached.