## VBS Registration Checklist –

# **Please complete ALL of the following actions:**

- Register Campers and Volunteers online at <u>https://vbspro.events/p/sthilary2022</u>
- $\Box$  Minor's Release Form
- Emergency Medical Authorization (One for each child)
- □ Media Release Form
- □ Check made payable to "St. Hilary Church"
  - o \$30 per family

DO NOT SEND REGISTRATION FORMS TO ST. HILARY CHURCH \*\*\*\*\*Send to: Tina Haddock 2221 Leaves Willow Doc #125

3321 Lenox Village Dr. #125 Akron, OH 44333 Tina Haddock@yahoo.com

\*\*Registration is not complete until all documents are received. Thank you!!!

### **MINOR'S FORM**

AUTHORIZATION FOR RELEASE OF LIABILITY & RESPONSIBILITY

| Participant / both parents / legal guardians must sign. |  |  |  |  |
|---|--|--|--|--|
| I/We,   |  | _ AND                                  |  |  |
|   | int Parent/legal guardian full name    | Print Parent/legal guardian full name  |  |  |
| The Parents   |  |  |  |  |
|   | (please list names of all parti        | icipating children)                    |  |  |
| Who resides at: _                                       | Street Address                         | , City/State/Zip                       |  |  |
| Mailing Address:  | Street Address if different from above | City/State/Zip if different from above |  |  |

#### **REQUEST AND UNDERSTAND** that our Child(ren),

, will participate in a Vacation Bible School program that will take place on the grounds of St. Hilary Parish in Fairlawn, Ohio from Sunday, June 12th to Wednesday, June 15th, 2022. I understand that while most activities will be indoors, there will be some recess type activities and games outside and participants will take part in arts and crafts type activities. I further understand and agree that I (we) will be responsible for our Child's transportation to and from St. Hilary. I/we further understand the possibility of unforeseen hazards and inherent possibility of risk.

I/we attest that the Child is in good medical condition, that Child has no medical conditions that would restrict any actions described; I attest that I have listed any pertinent medical conditions on the medical authorization form attached hereto. I understand that it is my/our sole responsibility to provide adequate health insurance for the Child.

**IN CONSIDERATION** of the right of Child to attend and participate in this approved, sponsored VBS as described above, the undersigned hereby:

AGREE to abide by ALL RULES AND REGULATIONS established by St. Hilary Parish, and its designated volunteers.

AGREES to release LIABILITIES AND TO INDEMNIFY AND HOLD HARMLESS, St. Hilary Parish, its pastor and staff, the Roman Catholic Diocese of Cleveland, the Most Reverend Nelson Perez, as well as their respective employees, agents, representatives, sponsors and volunteers from and against all claims, judgments, liability (of any nature or extent), damages, causes of action, or injuries which in any way arise out of or relate to Child's participation in the above described program, whether foreseen or unforeseen.

AGREE As the legal guardian of the above listed child(ren), to make arrangements to accompany them or retrieve them from camp in the case of continual behavioral problems.

|                                       | , | Date: |
|---------------------------------------|---|-------|
| Parents/Legal Guardians Signature     |   |       |
|                                       |   |       |
|                                       |   |       |
|                                       | , | Date: |
| <br>Parents/Legal Guardians Signature |   |       |

Parents/Legal Guardians Signature

#### Each Youth Participant and Volunteer Must Sign Below:

**YOUTH AGREEMENT**: I accept and comply with all the rules and regulations set forth by this program and by St. Hilary Parish, and its designated volunteers.

|   | , Date:                       |                       |
|---|-------------------------------|-----------------------|
| Youth Participant Signature   | ,                             | _                     |
| <b>YOUTH AGREEMENT</b> : I accept and comply with all the rules St. Hilary Parish, and its designated volunteers. | s and regulations set forth b | y this program and by |
|   | , Date:                       |                       |
| Youth Participant Signature   | ,                             | _                     |
| <b>YOUTH AGREEMENT</b> : I accept and comply with all the rules St. Hilary Parish, and its designated volunteers. | s and regulations set forth b | y this program and by |
|   | , Date:                       |                       |
| Youth Participant Signature   |                               | _                     |
| <b>YOUTH AGREEMENT</b> : I accept and comply with all the rules St. Hilary Parish, and its designated volunteers. | s and regulations set forth b | y this program and by |
| Youth Participant Signature   | , Date:                       | _                     |
| Youth Participant Signature   |                               |                       |
| <b>YOUTH AGREEMENT</b> : I accept and comply with all the rules St. Hilary Parish, and its designated volunteers. | s and regulations set forth b | y this program and by |
|   | , Date:                       | _                     |
| Youth Participant Signature   |                               |                       |
| <b>YOUTH AGREEMENT</b> : I accept and comply with all the rules St. Hilary Parish, and its designated volunteers. | s and regulations set forth b | y this program and by |
|   | , Date:                       | _                     |
| Youth Participant Signature   |                               |                       |
| <b>YOUTH AGREEMENT</b> : I accept and comply with all the rules St. Hilary Parish, and its designated volunteers. | s and regulations set forth b | y this program and by |
|   | , Date:                       |                       |
| Youth Participant Signature   |                               |                       |
| <b>YOUTH AGREEMENT</b> : I accept and comply with all the rules St. Hilary Parish, and its designated volunteers. | s and regulations set forth b | y this program and by |
| Youth Participant Signature   | , Date:                       | _                     |
| Youth Participant Signature   |                               |                       |
| <b>YOUTH AGREEMENT</b> : I accept and comply with all the rules St. Hilary Parish, and its designated volunteers. | s and regulations set forth b | y this program and by |
|   | , Date:                       |                       |
| <b>YOUTH AGREEMENT</b> : I accept and comply with all the rules St. Hilary Parish, and its designated volunteers. |                               |                       |
|   | Date:                         |                       |
|   | ,                             | _                     |

### CONSENT AND RELEASE OF LIABILITY

FOR USE OF MINOR'S LIKENESS AND OTHER INFORMATION

I (We) the parent(s) and/or guardian(s) hereby grant consent for St. Hilary Parish in Fairlawn, Ohio ("Parish"), and/or its agents to record (in writing or otherwise), photograph, audiotape, or videotape my minor child's name, image, likeness, spoken words, student work, and/or performance, in any form, and to display, release, exhibit, publish, or distribute the same, or any part thereof, for the purpose of and in connection with any material that may be created by or on behalf of the Parish (including the Parish's school) including, without limitation, Parish bulletin boards; school yearbooks; the Parish's or Parish's school website; print and electronic media; Parish and Parish school marketing, public relations and communications materials and/or presentations; and such other uses as may not be contemplated herein, without further notice or compensation as follows:

 $\Box$  I consent to all of the above.

□ I consent to all of the above, except \_\_\_\_\_

□ I consent to only the following:

 $\Box$  I do not consent to any of the above.

I further understand that by entering into this informed consent and release, and by granting permission as stated herein, I hereby release the Parish, the Diocese of Cleveland, and their respective officers, directors, agents and/or employees from and against any and all liability, loss, damage, costs, claims, and/or causes of action arising out of or related to the above items to which I have consented.

I further understand that the Parish and its respective officers, directors, agents and/or employees have no control over use of photographs, videotapes, audiotapes, or other recordings made by others and/or outside the scope of this consent and release.

Finally, in signing below I acknowledge that all recordings, audiotape, videotape, photographic proofs, photographic negatives, positives, and prints shall constitute the property of the Parish.

| Name of Minor Student #1 (please print) | Name of Minor Student #2 (please print) |
|---|---|
| Name of Minor Student #3 (please print) | Name of Minor Student #4 (please print) |
| Name of Minor Student #5 (please print) | Name of Minor Student #6 (please print) |
| Name of Minor Student #7 (please print) | Name of Minor Student #8 (please print) |
|   |   |

Printed Name of Parent or Legal Guardian

**Signature of Parent(s) or Legal Guardian(s)** 

Child's First Name:

### **EMERGENCY MEDICAL AUTHORIZATION**

#### \*\*\*One Per Camper/Youth Volunteer is required\*\*\*

**Purpose** – To enable parents to authorize emergency treatment for children who become ill or injured while participating in Vacation Bible School at St. Hilary Parish, when parents cannot be reached

| In the event reasonable attempts to contact me at   | or                 |                                |  |
|---|--------------------|--------------------------------|--|
|   | Phone              | Other parent                   |  |
| athave been unsuccessful,   | I hereby give my   | consent for 1) the             |  |
| Phone   |                    | ,                              |  |
| Administration of any treatment deemed necessary by   | Dr.                | at                             |  |
|   | cian               |                                |  |
| ( ) or Dr<br>Preferred Dentist  | at (               | ) - ;                          |  |
| Preferred Dentist   |                    | ,,                             |  |
|   |                    |                                |  |
| reasonably accessible.  | Preferred Hospital |                                |  |
| reasonably accessible.  |                    |                                |  |
| This authorization does not cover major surgery un<br>physicians or dentists, concurring in the necessity for<br>performed. |                    |                                |  |
| Facts concerning the child's medical history including physical impairments to which a physician should be a                |                    | lications being taken, and any |  |
|   |                    |                                |  |

Date

Signature of Parent

Address

### DO NOT COMPLETE PART II IF YOU COMPLETED PART I

### PART II — REFUSAL TO CONSENT

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring medical treatment, I wish the program administrators to take the following action