

St. Isidore the Farmer East
Pre School and Kindergarten VBS Registration and Medical Information

Pre School and Kindergarten Vacation Bible School is Monday, July 6 through Wednesday, July 8, from 6:00-7:30p.m. in the Holy Rosary Church Basement. Bible School is open to all children who are **4 years old at the time of VBS through starting Kindergarten in the 2026 2027school year and will be held on Holy Rosary Church Grounds.** (Suggested donation is \$10 per child). Children in grades 1-6 should attend Totus Tuus (use separate form). Return registration forms, donations and volunteer forms to the church office at 511 E. Spring St. Saint Marys, OH 45885. Call the church office with any questions at 419-394-5050. We need adult volunteers to assist in the week's activities. If interested in helping, please fill out the volunteer form below and return it to Holy Rosary Church Office.

1st Child's Name: _____ **Age:** _____ **DOB:** _____

Medications _____ Allergies _____

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

2nd Child's Name: _____ **Age:** _____ **DOB:** _____

Medications _____ Allergies _____

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

3rd Child's Name: _____ **Age:** _____ **DOB:** _____

Medications _____ Allergies _____

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

Medical Insurance Co. _____ Policy No. _____

Member's Name _____ Phone: (h) _____ (c) _____

Member's Birth Date ____/____/____

Family Doctor _____ Phone _____

Father's name and cell number _____

Mother's name and cell number _____

Child's address: _____

Another Emergency contact name & phone number if we cannot get a hold of parent:

Anyone child should not be released to: _____

Family email: _____

ARCHDIOCESE OF CINCINNATI
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 Holy Rosary ("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. 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.

2. 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.

3. 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.

4. *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.

5. *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.

6. 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.

7. 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 Parent or Guardian _____ Date __/__/____

Parent Volunteers are needed. Please consider volunteering all week or one day.

Name and phone number: _____

Please circle the preferred days to help: Monday Tuesday Wednesday

Name _____ Phone number _____

Grade (if youth) ____ If youth, please fill out the above emergency medical information and contact information with a parent signature. Adults only need to fill out name and phone number. All adults assisting will need to be current with the Safe Parish child protection program through the Archdiocese of Cincinnati.