

VBS Registration Checklist –

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

- Register Campers and Volunteers online at www.sthilarychurch.org/vbs-2018
- Minor's Release Form
- Emergency Medical Authorization (One for each child)
- Media Release Form
- Check made payable to St. Hilary Church
 - 1 camper = \$15
 - 2 campers = \$30
 - 3 + campers = \$40
 - Youth Volunteers = No Charge

DO NOT SEND REGISTRATION FORMS TO ST. HILARY CHURCH

*****Send to:

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

*****Registration forms may also be sent to Melanie Sejba c/o Rachel Rm # 102.

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

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

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_____, 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:

- I consent to all of the above.
- I consent to all of the above, *except* _____
- I consent to only the following: _____
- 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)

Name of Minor Student #9 (please print)

Name of Minor Student #10 (please print)

Printed Name of Parent or Legal Guardian

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

Date

Child's Last Name: _____

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
at _____ have been unsuccessful, I hereby give my consent for 1) the
Phone
Administration of any treatment deemed necessary by Dr. _____ at
Preferred Physician
() _____ - _____ or Dr. _____ at () _____ - _____;
Preferred Dentist

In the event the designated preferred practitioner(s) is not available, then by another licensed physician or dentist; and 2) the transfer of the child to _____ or any hospital
Preferred Hospital
reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained before surgery is performed.

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted:

Insurance Provider: _____,
Group #: _____, Policy Number # _____

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

Date Signature of Parent Address