



MHC-VBS Registration – Permission Slip



Important Information

Event: Vacation Bible School

When: June 25-June 29, 2017, 6:00-8:30 p.m.

Where: Parish Center at Mary, Help of Christians, 954 N. Maple Ave. Fairborn, OH 45324

Who can come? We are registering all children 3 years old (potty trained) through those entering 5th grade. 6th grade through adults are needed to help and manage booths. The entire family is welcome, but please let us know if you are staying (indicate how many on your child's registration form) to ensure we have enough snacks.



Name: _____



Address: _____



City: _____ **Zip:** _____



Home Phone: _____ **Cell Phone:** _____



Grade entering in the fall: _____ **Age:** _____



Mother's name: _____ **Father's name:** _____



Health Problems: _____



Emergency Contact: _____



Relationship (Emergency Contact): _____ **Phone:** _____



I can help with: _____



Child's T-Shirt size: _____

(Activity during VBS)



My child has permission to be at the Mary, Help of Christians Vacation Bible School on June 25-29, 2017.
I am responsible for transportation to and from the Parish Center. I will to pick up my child promptly at 8:30 p.m.



Parent sign

Paid: _____

early registration deadline: June 15



Children

1
2
3 or more

Early

\$15
\$25
\$35

Late

\$25
\$35
\$45



ARCHDIOCESE OF CINCINNATI
PERMISSION, RELEASE AND MEDICAL POWER OF ATTORNEY (rev. 8-2013)

1. I, the lawful parent or guardian _____ of (the "child"), give permission for my child to participate in the activity described on the *Activity Information* form and release from all liability and indemnify the Archbishop of Cincinnati ("the Archbishop"), both individually and as trustee for the Archdiocese of Cincinnati and all parishes and schools within the Archdiocese (the "Archdiocese"), and their officers, agents, representatives, volunteers, and employees from any and all liability, claims, judgments, cost and expenses, including attorneys' fees, arising out of any injury or illness incurred by my child while participating in or traveling to or from the activity and 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 the Archbishop, the Archdiocese, and their officers, agents, representatives, volunteers and employees.

2. I further understand that my Child's participation is purely voluntary and is a privilege and not a right, and that my Child, and I on behalf of my Child, elect to participate in spite of the risks.

3. I agree to instruct my child to cooperate with the Archbishop or his agents in charge of the activity.

4. I appoint the Archbishop or his agents who are acting as leaders of the activity as my attorney in fact to act for me in my name and my behalf, in any way that I would act if I were personally present, with respect to the following matters if any injury, illness or medical emergency occurs during the activity or related travel:

(i) To give any and all consents and authorizations to any physicians, dentist, hospital or other persons or institutions pertaining to any emergency medications, medical or dental treatments, diagnostic or surgical procedures or any other emergency actions as our attorney shall deem necessary or appropriate for the best interest of the Child.

(ii) I understand that the agents of the Archbishop will make a reasonable attempt to contact me as soon as possible in the event of a medical emergency involving my child.

5. This power of attorney shall lapse automatically upon completion of the activity and related travel.

6. I agree that the Archbishop or his agents may use my child's portrait or photograph for promotional purposes, website and office functions and use social media and technology to communicate to my child regarding ministry related activities. (Facebook, texting, etc.)

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

I have carefully read and understand and accept the terms and conditions stated herein and acknowledge that this Permission, Release and Medical Power of Attorney shall be effective and binding upon me, my Child, and my own and my Child's personal representative or estate, assigns, heirs, and next of kin and that I have signed this agreement of my own free will.

Signature of Parent or Guardian: _____ Date: ____ / ____ / ____

Home Address: _____ City: _____ Zip: _____

Place of Employment: _____

Work Address: _____ City: _____ Zip: _____

Parent or Guardian Phone No. (w) _____ (h) _____

Emergency Contact Phone No. (w) _____ (h) _____