

2021 Vacation Bible School – CRUISIN’ THE BIBLE

“Meet people and go places you’ve only heard about in the Bible.”

Monday, July 19 – Tuesday, July 20 - Wednesday, July 21

9:00 - 11:30 a.m.

Wednesday, July 21, family program and lunch (11:30 a.m.)



Registration Form

(Please fill out both sides)

Child’s name: _____ Child’s gender: _____
Child’s age: _____ Date of birth: _____ Last school grade completed: _____
Allergies or other medical conditions: _____

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(please list any addition children on a separate sheet of paper and attach to this form)



PERMISSION, RELEASE AND MEDICAL POWER OF ATTORNEY FORM (ON THE OTHER SIDE OF THIS FORM) MUST BE SIGNED

- ❖ Due to the current renovations at Holy Redeemer, the program will include walking to various locations. Each morning, weather permitting (cancellations will be posted on our Facebook page by 8:00 a.m. that morning), we will meet under the tent on the south side of church. We will begin with prayer and music all together. After the music, we will break into age groups and travel to our Bible scenes accompanied by adult and older CCD students. A list of all destinations will be available to any parent on the first day of VBS. These locations are all within two blocks of the church. Adult approval is required (see permission slip on back).
- ❖ All children pre-k through completion of 4th grade are invited to attend.
- ❖ Cost is \$10/child (family max: \$30). Please include a check with the registration form made payable to "Holy Redeemer" and return it by Sunday, June 30. If there is a financial hardship, simply fill out the form and return it with no payment.

Help and support would be appreciated. If you are able to help us in any way, please fill out the form below.

- ___ Crew leader (walk with small group of children to local destinations)
- ___ Help with snacks
- ___ Help with games
- ___ Donate cookies

_____ **Approximate number attending
the program and lunch on Wednesday, July 21.**
(Please bring blankets and lawn chairs for lunch)



ARCHDIOCESE OF CINCINNATI
PERMISSION, RELEASE AND MEDICAL POWER OF ATTORNEY
2021 Holy Redeemer Vacation Bible School

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

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 Redeemer Catholic Church, 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.

2. 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.

3. 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.

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 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.

5. *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.

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 my Child 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. Initials required:

I agree to allow my child to be taken off the Holy Redeemer property escorted by adult and older youth volunteers. I understand that a list of locations will be provided to me the first day of VBS (if requested)

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 Custodial Parent/Legal Guardian _____ Date _____ / _____ / _____.

Print Name: _____ Home Address: _____.

Place of Employment & Address: _____.

Custodial Parent/Legal Guardian Phone No. (cell): _____; (other Phone No.): _____.

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

MEDICAL INFORMATION FORM
Completed by Custodial Parent/Legal Guardian — Please Print

Child's Name: _____ Birth date: _____ / _____ / _____

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

Medications taken regularly: _____

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

Family Doctor: _____ Phone No.: _____