



2017 ST. PIUS X VACATION BIBLE SCHOOL REGISTRATION

DIOCESE OF COLUMBUS REGISTRATION/PERMISSION/RELEASE AND INDEMNIFICATION AGREEMENT ST. PIUS X PARISH—REYNOLDSBURG

Family Name: _____ Parent(s)/Guardian(s) Names: _____

Address: _____ City: _____ Zip Code: _____

Phone Number: _____ Email: _____

I. MEDICAL CONTACT INFORMATION AND TREATMENT

A. EMERGENCY CONTACT INFORMATION

Parent's/Guardian's Work Phone (Dad) _____ (Mom) _____

Address: _____ Home Phone: _____

Medical Insurance Carrier: _____ Policy Number: _____

Address: _____ Phone: _____

Member's Name: _____ Phone: _____

Family Doctor: _____ Phone: _____

B. EMERGENCY MEDICAL TREATMENT: In the event of an emergency, the undersigned hereby give(s) permission to transport the Participant(s) to a hospital for emergency medical or surgical treatment. The undersigned wish(es) to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if the undersigned cannot be reached at the above numbers, contact:

Name & Relationship: _____ Phone: _____

II. CONSENT FOR RELEASE OF PERSONALLY IDENTIFIABLE INFORMATION

The undersigned hereby consent to the release of photographs and name of the Participant(s) to be used by the Diocese of Columbus and St. Pius X Parish for future promotional programs of the Diocese and parish. If you have any questions or concerns, please contact Judie Bryant at **(614) 864-3505**.

_____ Please initial here if you DO NOT consent to the release of personally identifiable information.

I / We would like to volunteer. I / We have / have not taken Protecting God's Children and have our BCI fingerprint information on file at St. Pius X. (If not, we would be willing to do so!)

Name: _____ Phone: _____

Area of Interest: _____

VBS USE ONLY

Parishioner Y / N Payment Received: _____ Cash/Check # _____ MED Y N CD Y N PHT Y N

III. RELEASE AND INDEMNIFICATION AGREEMENT

- A. **RELEASE.** The undersigned on behalf of the undersigned, the Participant(s) and their heirs, successors and assigns of the undersigned and the Participant(s), hereby release, hold harmless from any liability, and discharge from all direct or derivative claims, actions, causes of actions, medical expenses costs, legal expenses, other expenses and all other damages at law or in equity, known or unknown, direct or indirect, choate or inchoate against the Diocese of Columbus, the Parish and all current and former employees, agents clergy, officers and volunteers of the Diocese of Columbus & St. Pius X Parish arising from the Participant's participation in the Activity: **2017 St. Pius X Vacation Bible School.**
- B. **INDEMNIFICATION.** The undersigned shall indemnify and hold harmless the Diocese of Columbus, St. Pius X Parish, and all current and former employees, agents, clergy, officers and volunteers of the Diocese of Columbus or St. Pius X Parish from any claim, liability, suit, judgment, loss, damage, expense, fee or cost (including court costs and attorney fees) arising directly or indirectly from the Participant(s) participation in the Activity: **2017 St. Pius X Vacation Bible School**, unless arising from the negligence of an indemnified party.

IV. CODE OF BEHAVIOR

- 1. The Participant(s) must stay and participate in the entire event. The Participant(s) may not leave the premises unless accompanied by an adult leader, parent, or legal guardian.
- 2. The possession or use of alcohol, tobacco, drugs, or weapons of any kind is not permitted.
- 3. Foul language is not tolerated.
- 4. The Participant(s) must comply with any and all directions of activity staff.
- 5. The Participant(s) must respect the rights and property of others. Damage to or defacing of property will be the financial responsibility of the Participant(s) involved and the undersigned.
- 6. Failure to abide by this Code of Behavior may result in a request to the undersigned to transport offending Participant(s) from the premises, and the undersigned shall immediately comply with the request.

V. PHOTO/VIDEO RELEASE

I consent to the use by St. Pius X ("the parish"), the Catholic Times, and The Diocese of Columbus ("the Diocese") of any videotapes, photographs, slides, audiotapes, or any other video or audio reproduction in which I or my child(ren) may appear. I understand that these materials are being used for promotion of youth ministry in the parish and/or the Diocese. Such promotional activities extend to recruitment, advocacy, fund raising, etc. Pictures may appear on the parish or diocesan website. I release the staff and volunteers of the parish and the diocese from any liability connected with the use of my picture or voice recording as part of any of the above or similar activities and further, that such use shall be without payment of fees, royalties, special credit, or other compensation.

VI. PERMISSION

The undersigned hereby state(s) that (he/she/they) (is/are) the (parent/parents/guardian) of the above named Participant(s) and have full legal responsibility of the Participant(s). The undersigned hereby grant(s) permission for the Participant(s) to participate in the Activity: **2017 St. Pius X Vacation Bible School.**

VII. SIGNATURES

THE UNDERSIGNED HAS READ, UNDERSTANDS AND HEREBY AGREES TO AND ACCEPTS ALL PROVISIONS IN THIS AGGREMENT

Participant/Volunteer 1 Signature _____	Date _____
Participant/Volunteer 2 Signature _____	Date _____
Participant/Volunteer 3 Signature _____	Date _____
Participant/Volunteer 4 Signature _____	Date _____
Participant/Volunteer 5 Signature _____	Date _____
Participant/Volunteer 6 Signature _____	Date _____
Parent/Legal Guardian Signature _____	Date _____
Parent/Legal Guardian Signature _____	Date _____

PARTICIPANT/VOLUNTEER INFORMATION

Name: _____ Age: _____ Date of Birth: Month/Day/Year _____
Boy / Girl (circle one) T-Shirt Size: YXS YS YM YL S M L XL 2XL 3XL 4XL
Current Grade: Pre-K K 1st 2nd 3rd 4th 5th 6th (Volunteer: 7th 8th 9th 10th 11th 12th ADULT)

VIII. SPECIFIC MEDICAL INFORMATION AND MEDICATION

A. Specific Medical Information *The Parish will take responsible care to see that the following information will be held in confidence.*

Chronic Conditions (e.g. Epilepsy; Diabetes) _____

Allergic Reactions (e.g. Food, medications, plants, etc.) _____

Restrictions _____

Immunizations: Date of last tetanus/diphtheria immunization: _____

Any physical limitations: _____

Has the participant recently been exposed to contagious disease or conditions, such as mumps, measles, chicken pox, etc.? If so, list date and disease or condition: _____

You should be aware of these special medical conditions of the Participant: _____

B. Current Medication: The Participant is taking medication at present. The Participant will bring all such medications necessary, and such medications will be well labeled. Names of medications and concise directions for taking such medications, including dosage and frequency of dosage, are as follows:

C. Non-prescription Medication: Please check ONE of the following:

- No medication of any type, whether prescription or non-prescription, may be administered to the participant unless the situation is life-threatening and emergency treatment is required.
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