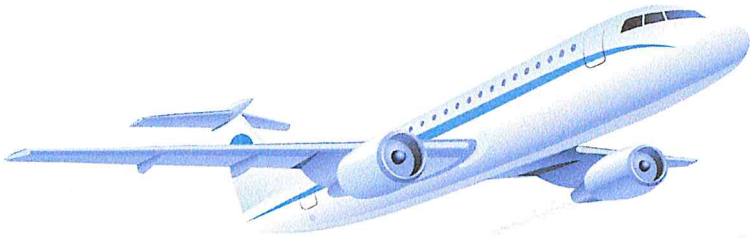


Marion Catholic Community Vacation Bible School 2020

Sponsored by – Catholic Financial Life & MCC



A RADICAL RIDE ON THE WINGS OF PRAYER

WITH AMAZING SUPER SAINTS

Mon., July 20, Tue., July 21, Wed., July 22

6:00pm - 9:00pm CFL Hall & Nativity BVM Parish Grounds

****for children entering kindergarten thru entering 6th grade for school year 2020/2021****

Cost of \$15 per child attending (cap of \$60 per family)

All completed forms and payment are due MAY 10

questions – contact coordinator: Tess 419-305-0106

*****Please return ALL completed forms with payment in check form issued to: MCC VBS*****

Mail to or drop off at: Cluster Office attn: VBS 7428 St Rt 119, Maria Stein, OH 45860 by MAY 10

If availability permits, registrations will be accepted from outside the Marion Catholic Cluster

—cut here—

Each registered VBS student will receive a light blue w/black print T-Shirt as part of their registration. Please indicate size



VBS students name	Entering Grade	T-Shirt size YS YM YL or Adult S M L	VBS fee \$15
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total VBS fee being paid			_____

Additional T-shirts (proceeds to VBS & child's CCD program) may be ordered for other family members:

Youth Sizes \$10 YS qty: _____ YM qty: _____ YL qty: _____

Adult Sizes \$12 S qty: _____ M qty: _____ L qty: _____ XL qty: _____ Sizes: XXL(\$14) qty: _____ XXXL (\$15) qty: _____

****Please indicate** if willing to donate
juice/water/freeze pops/package snacks for VBS

****Please indicate** if interested in volunteering
a few hours _____ or evenings _____ with VBS

Total Additional Shirt order being paid _____

Total of VBS fees & additional T-shirts _____

ARCHDIOCESE OF CINCINNATI
PERMISSION, RELEASE AND
AUTHORIZATION TO SEEK MEDICAL TREATMENT (rev. 09-2017)

- 1. I, the parent or lawful 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 and indemnify the Archdiocese of Cincinnati (the "Archdiocese"), the Archbishop of Cincinnati (the "Archbishop"), both individually and as trustee for the Archdiocese, and all parishes and schools within the Archdiocese, and their respective 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 respective officers, agents, representatives, volunteers and employees.
2. I further 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.
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 to seek medical treatment of my child in the event of any injury, illness or medical emergency occurs during the activity or related travel. 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. I [] agree [] do not 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.
6. 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 Authorization to Seek Medical Treatment 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 __/__/____

Signature of Witness: _____ Witness Name (please print): _____

Witness may not be spouse & must be over 18

Home Address _____ City _____ Zip _____

Place of Employment _____

Work Address _____ City _____ Zip _____

Parent or Guardian Preferred Phone No. (cell): _____; (other): _____

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

Email address: _____

Medical Information — Completed by Parent or Guardian — Please Print

Child's Name _____ Birth date ____ / ____ / ____
Allergies _____
Medications _____
Chronic Conditions (e.g. epilepsy, diabetes) _____
Medical Insurance Co. _____ Policy No. _____
Member's Name _____ Phone No. (h) _____ (w) _____
Member's Birth date ____ / ____ / ____
Family Doctor _____ Phone No. _____

(See Activity Information form below)

ACTIVITY INFORMATION

Completed by Church Agency - Please Print

(As a convenience to parent(s) or guardian(s), a duplicate copy of this information may be attached so as to be retained by them; also any additional information may be attached to further inform them of specific scheduling details, additional activity information, etc.)

One-Time Activity

Church Agency: Marion Catholic Community Activity: VBS

Location: Nativity BVM grounds & CFL Hall & grounds Emergency No.: 419-305-0106 Cost: \$15

Starting Date and daily start time: July 20, 21, 22 starting at 6:00p Meeting Place: CFL Hall

Ending Date and daily end time: July 20, 21, 22 ending time at 9:00p Meeting Place: CFL Hall

Activities Involved: crafts, song, snacks, prayer

Type of Transportation (if any): provided by parents

Group Leader: Tess Mescher, VBS coordinator Telephone No.: 419-305-0106

Other Information: informational texts and printed fliers, bulletin announcements will be sent as deemed necessary

Check here if any additional information is attached. (Note: any additional activity information (e.g. schedule, list of specific activities, etc.) may be attached to further inform parents(s) or guardian(s).

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