

VACATION BIBLE SCHOOL 2022 REGISTRATION

August 8-11 from 9:00am – 12:00pm (noon)

for children 4 years old to 5th grade

\$20 per child to cover the cost of supplies.

Students in 6th grade and older and Adults are needed to Volunteer

Any Volunteer 18 years old and older needs to complete background screening & training.

Please put the grade your child is ENTERING in the Fall of 2022

CHILD NAME _____ AGE _____ GRADE _____

CHILD NAME _____ AGE _____ GRADE _____

CHILD NAME _____ AGE _____ GRADE _____

VOLUNTEER NAME _____ AGE _____ GRADE _____

CELL PHONE _____ EMAIL _____

VOLUNTEER NAME _____ AGE _____ GRADE _____

CELL PHONE _____ EMAIL _____

PARENT'S NAME _____

CELL PHONE _____

EMAIL _____

Please return this form, via email, mail or in person to Amy Woods.

You can attach a check made payable to Sacred Heart Church or pay online through our website: www.sacredheartnorfolk.org/giving, in the comment box, please write "VBS 2022"

Email Amy Woods at amy@sacredheartnorfolk.org to volunteer or ask questions.

SACRED HEART - CATHOLIC DIOCESE OF RICHMOND

Vacation Bible School 2022

Medical Information and Release Form

All information is kept private and confidential

Name of Participant (s): _____

EMERGENCY CONTACT INFORMATION

Name _____

Contact Number _____

Relationship to Child _____

MEDICAL INFORMATION

*In many cases, our staff and volunteers are not familiar with the medical, physical, and/or emotional history of each participant. Please share **ANY** information relating to the participant in detail. BE AS SPECIFIC AS POSSIBLE.*

Is the participant allergic to anything?

YES NO

List any details of allergies below (this may include food allergies, allergies to specific medications or chemicals, allergies to any substances):

Is the participant currently taking or has taken any prescription medication in the last 6 months?

YES NO

List the specific prescription medications, reasons for medication, and daily dosage. Indicate if the medication is currently being administered.

Does the participant have any physical or emotional conditions?

YES NO

List any physical or emotional conditions that may impede participation in the event. This may include counseling, treatment for emotional conditions (i.e. depression, eating disorders), and/or family situations that may have a significant impact on the participant.

RELEASE OF LIABILITY AND MEDICAL RELEASE

*As parent and/or legal guardian I remain legally responsible for any personal actions taken by the above named minor. I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend **Sacred Heart** and the Catholic Diocese of Richmond, its employees and agents, chaperons, or representatives associated with this event from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the Diocese, its employees and agents and chaperons, or representatives associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the Parish and Diocese.*

*I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. In the event of any emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers I give permission for the noted emergency contact to be notified. I will not hold **Sacred Heart** and the Diocese of Richmond responsible for authorizing any medical treatment beyond necessary transportation to the hospital.*

Parent/Guardian Signature: _____ Date: _____

USE OF PICTURES AND/OR VIDEO

*I give permission for pictures and/or video of my child (named above) engaged in activities related to any Parish and Diocesan event to have their pictures posted in **Sacred Heart** and the Diocese of Richmond publications or websites. Names of participants **will not** be used without expressed permission from the parent or guardian. If no box is checked below, the Diocese of Richmond assumes you give permission.*

YES NO Parent/Guardian Signature: _____ Date: _____

