

# ST. PIUS X PARISH SONWEST ROUNDUP

## 2015 VACATION BIBLE SCHOOL INFORMATION

Mon-Fri, June 22-26, 2015

9am-noon daily

## CLOSING PROGRAM & POTLUCK

Friday, June 26, 2015, 6pm-9pm

The St. Pius X Youth Group is preparing a fantastic week of Bible Stories, Crafts, Games, Music, Skits, and Snacks. The theme this year is "SonWest Roundup". Saddle up your horses and get on over to SonWest Roundup! Out in the wide-open spaces, we'll discover a colorful old town where all the excitement of the Wild West awaits! Ride with us under the deep blue skies. Feel the breezes rise through the shady purple canyons as we head out through this bright wilderness—we're traveling down the trail through the Old Testament stories of Moses to discover God's ultimate plan of salvation in Jesus, because "Jesus Christ is the same yesterday and today and forever" (Hebrews 13:8). Activities will take place each day from 9:00 a.m. until noon. Friday evening, families are invited to participate in a family potluck and program put on by all of the Bible School attendees. This year we plan to continue our annual Corporal Works of Mercy projects and have participants bring in items to help others. (See our website for more information: [stpiusxvbs.wix.com/2015](http://stpiusxvbs.wix.com/2015).) *continued on back*



(detach below and return completed form (3+ sides) and payment (please make checks out to St. Pius X Church) by **Friday May 22, 2015**)

Each Family needs to fill out page 1 and 2 (front and back) of the Registration one time. Make enough copies of the Participant form page 3 & 4 (next page) to include all participants and volunteers in one family.

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## 2015 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 Susan Gilmore at (614)501-7545.

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

**Potluck:** Our family is able / not able (circle one) to attend the Potluck & Closing Program on Friday, June 26, 2015 from 6-9 p.m.

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



**Registrations** will take place after all Masses on **May 2 & 3**. Nametag photos will also be taken at this time. Registrations will be accepted for parishioners ages 3 (daytime potty trained) through sixth grade (2014-2015 school year). Program fees are \$30 for the first child, \$25 for each succeeding child with a maximum of \$75 per family. *Discount applies to immediate family members only.* Participants must submit payment at time of registration. (This amounts to \$6 per day (or less) per child—what a deal!) Registrations will be accepted until **Friday, May 22, 2015** so that we can place our orders in time to ensure materials will be available when attendees arrive for Bible School.

**Volunteers** who help *during VBS week* are asked to purchase a staff shirt (\$10) and fill out this form. Registrations can also be dropped in the collection basket (in an envelope marked VBS) or by mail (to the PSR office) and will be accepted until **Friday, May 22, 2015** or until classes are full. Please enclose a headshot photo of your child for their VBS nametag if you cannot get one taken during Registration Weekend.

**REGISTRATIONS SUBMITTED AFTER THIS DATE WILL BE ASSESSED ANY EXPIDITED SHIPPING CHARGES INCURRED.**

More information can be found on the bulletin board at the back of Church.  
Questions? Contact Susan Gilmore at 501-7545 or at [spx.vbs@gmail.com](mailto:spx.vbs@gmail.com)

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**III. RELEASE AND INDEMNIFICATION AGREEMENT**

- A. RELEASE. The undersigned on behalf of the undersigned, the Participant(s) and the 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: **2015 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)'s participation in the Activity: **2015 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 for the Participant(s). The undersigned hereby grant(s) permission for the Participant(s) to participate in the Activity: **2015 St. Pius X Vacation Bible School**.

**VII. SIGNATURES**

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

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 1 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** — Grade: 7th 8th 9th 10th 11th 12th ADULT)

### VIII. SPECIFIC MEDICAL INFORMATION AND MEDICATION

**A. Specific Medical Information** The Parish will take reasonable 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. ) \_\_\_\_\_

Dietary 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.

☐ Non-prescription medication may be given to the Participant, if deemed appropriate.

## Participant/Volunteer 2 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** — Grade: 7th 8th 9th 10th 11th 12th ADULT)

### VIII. SPECIFIC MEDICAL INFORMATION AND MEDICATION

**A. Specific Medical Information** The Parish will take reasonable 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. ) \_\_\_\_\_

Dietary 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.

☐ Non-prescription medication may be given to the Participant, if deemed appropriate.

## Participant/Volunteer 3 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** — Grade: 7th 8th 9th 10th 11th 12th ADULT)

### VIII. SPECIFIC MEDICAL INFORMATION AND MEDICATION

**A. Specific Medical Information** The Parish will take reasonable 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. ) \_\_\_\_\_

Dietary 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.

☐ Non-prescription medication may be given to the Participant, if deemed appropriate.

## Participant/Volunteer 4 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** — Grade: 7th 8th 9th 10th 11th 12th ADULT)

### VIII. SPECIFIC MEDICAL INFORMATION AND MEDICATION

**A. Specific Medical Information** The Parish will take reasonable 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. ) \_\_\_\_\_

Dietary 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.

☐ Non-prescription medication may be given to the Participant, if deemed appropriate.

## Participant/Volunteer 5 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** — Grade: 7th 8th 9th 10th 11th 12th ADULT)

### VIII. SPECIFIC MEDICAL INFORMATION AND MEDICATION

**A. Specific Medical Information** The Parish will take reasonable 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. ) \_\_\_\_\_

Dietary 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.

☐ Non-prescription medication may be given to the Participant, if deemed appropriate.

## Participant/Volunteer 6 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** — Grade: 7th 8th 9th 10th 11th 12th ADULT)

### VIII. SPECIFIC MEDICAL INFORMATION AND MEDICATION

**A. Specific Medical Information** The Parish will take reasonable 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. ) \_\_\_\_\_

Dietary 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:

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☐ Non-prescription medication may be given to the Participant, if deemed appropriate.