

**Grace VBS Registration Form (Held at OLPH Campus)  
 VBS 2022 for grades 4K-5<sup>th</sup>Grade Completed  
 (Jr High and High must fill out a VOLUNTEER form)**



Parent/Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

E-mail: \_\_\_\_\_ Cell #: \_\_\_\_\_

**\*\*Must list 2 names and numbers! Emergency Contact Information:**

1. Emergency Contact Name \_\_\_\_\_ Cell # \_\_\_\_\_
2. Emergency Contact Name \_\_\_\_\_ Cell# \_\_\_\_\_

**CREATED!  
 DESIGNED!  
 EMPOWERED!**

Crew #	Child's First & Last Name	Grade Completed	Age	List allergies, special instructions or needs
1.				
2.				
3.				
4.				
5.				

**Registration is on a first come, first serve basis. Registration is free through June 1st.**

**Will you be volunteering at VBS? YES or NO**

Parent/Guardian Signature \_\_\_\_\_

**STOP-----**

**Take a Picture of this Schedule to have on your Phone!**

June		Time	
VBS Training/ Decorating	Saturday, June 18	2:00-5:00	Just Volunteers
VBS (Snack)	Sunday, June 19	3:00-5:30	Grades 4K-5 <sup>th</sup> All volunteers
VBS (Dinner)	Monday, June 20	5:30-8:00	Grades 4K-5 <sup>th</sup> All volunteers
VBS (Dinner)	Tuesday, June 21	5:30-8:00	Grades 4K-5 <sup>th</sup> All volunteers
VBS (Dinner)	Wednesday, June 22	5:30-8:00	Grades 4K-5 <sup>th</sup> All volunteers

**Hold Harmless Agreement:** As parent/legal guardian, I agree to be legally responsible for any personal actions taken by my son/daughter named above. In the event of a serious violation of the rules of conduct, I understand that he/she may be sent home at my expense, but you will be notified and logistics discussed with you in advance. I agree on behalf of myself, my son/daughter named herein, our heirs, successors and assigns to indemnify, hold harmless and defend Our Lady of Perpetual Help , Parish Name and the Diocese of Charleston, their officers, directors and agents (collectively, the “Diocesan Parties”) from any liability for illness, injury or death arising from or in connection with my son/daughter attending the above named activity/event, except that such obligations shall not apply in the event of the gross negligence or intentional acts of the Diocesan Parties.

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Permission To Be Photographed:** I give my permission for my **child/children,** \_\_\_\_\_, to be photographed at this event and understand that the photographs may be used for publicity, etc. Yes No

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**2019 MEDICAL CONSENT AND PERMISSION TO TREAT** Release of Information: To the best of my knowledge, **my child/children,** \_\_\_\_\_ is in good health, and I assume all responsibility for the health of my child. In the event of an emergency, I give permission to transport my child to a hospital or emergency treatment facility. I wish to be advised prior to any further treatment by the medical professionals, but I do not want treatment to be withheld if neither I nor any emergency contact I have named below can be located and the injury is life-threatening or the failure to provide treatment is likely to result in permanent injury. I hereby grant medical personnel permission to release medical information to the Diocesan Director and/or my parish youth minister in the event that my child becomes ill or injured.

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

DIOCESE OF CHARLESTON COVID-19 RELEASE,  
HOLD HARMLESS, ASSUMPTION OF RISK AND WAIVER OF LIABILITY AGREEMENT  
(Please Print All Children)

CHILD PARTICIPANT(S) NAME(S) \_\_\_\_\_ (Please Print)

Signing on behalf of the undersigned and any Child Participant listed on of this Agreement:  
child participant(s) listed above (each a “Child Participant”), acknowledges and agrees to the terms of this:

Parent Signature \_\_\_\_\_  
Print Name \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email \_\_\_\_\_

Bring an old white t-shirt for each child on Sunday June 19. We will tie-dye the t-shirt in Art Studio. It is ok if the t-shirt has writing on it, it must be mostly white. Write your child’s name inside the shirt with a sharpie.

Please see Ashley Price if you would like a copy of the: DIOCESE OF CHARLESTON COVID-19 RELEASE,  
HOLD HARMLESS, ASSUMPTION OF RISK AND WAIVER OF LIABILITY AGREEMENT

IN CONSIDERATION of the above named Participant and/or my children listed above being permitted to utilize the facilities, equipment, services and/or programs (collectively, "Facilities") of the Catholic Diocese of Charleston and/or a parish or school of said Diocese (collectively referred to as the "Diocese"), the above named Participant for him/herself and for the child participant(s) listed above (each a "Child Participant"), acknowledges and agrees to the terms of this agreement. The undersigned acknowledges that novel coronavirus ("COVID-19") infections have been confirmed throughout the United States, including cases in South Carolina. In accordance with the most recent guidance and protocols issued by the World Health Organization (WHO), the Centers for Disease Control and Prevention (CDC) and the South Carolina Department of Health and Environmental Control (DHEC) for slowing the transmission of COVID-19, the undersigned hereby agrees, represents and warrants that neither the undersigned nor the Child Participant shall visit or utilize Facilities of the Diocese within 14 days of: (i) experiencing symptoms of COVID19, including but not limited to fever, cough, loss of sense of taste or smell or shortness of breath; (ii) having a suspected or diagnosed/confirmed case of COVID-19; or (iii) having been in close proximity to a person with a diagnosed/confirmed case of COVID-19. The Diocese has taken certain steps to implement recommended guidance and protocols issued by the public health agencies for slowing the transmission of COVID-19, including, without limitation, the access/use restrictions set forth above. The undersigned acknowledges and agrees that, due to the nature of the Facilities offered by the Diocese, social distancing of six feet per person or certain other measures may not be possible at all times. The undersigned fully understands and appreciates both the known and potential dangers of utilizing the Facilities of the Diocese and acknowledges that the use thereof by the undersigned and/or the Child Participant may, despite the Diocese's reasonable efforts to mitigate such dangers, result in exposure to COVID-19, which could result in quarantine requirements, serious illness, disability and/or death, and assumes the risks involved in such use. IN FURTHER CONSIDERATION OF BEING PERMITTED TO USE THE DIOCESE'S FACILITIES, THE UNDERSIGNED, ON HIS/HER BEHALF AND ON BEHALF OF THE CHILD PARTICIPANT, HEREBY RELEASES, WAIVES, DISCHARGES, HOLDS HARMLESS AND COVENANTS NOT TO SUE THE DIOCESE, its directors, officers, employees, volunteers and agents (collectively, "Diocesan Parties"), from all liability to the undersigned or the Child Participant and the personal representatives and heirs and assigns of the undersigned or the Child Participant for any loss or damage, and any claim or demands on account of any injury to, or an illness or the death of, the undersigned or the Child Participant (or any person who may contract COVID-19, directly or indirectly, from the undersigned or the Child Participant), whether caused by the negligence, active or passive, of Diocesan Parties or otherwise, while the undersigned or the Child Participant are using the Facilities. The undersigned further expressly agrees that the foregoing RELEASE, HOLD HARMLESS, ASSUMPTION OF RISK AND WAIVER OF LIABILITY AGREEMENT is intended to be as broad and inclusive as is permitted by the laws of the State of South Carolina and that if any portion thereof is held invalid, it is agreed that the balance shall continue in full legal force and effect.