



## VACATION BIBLE SCHOOL REGISTRATION

St. Agnes/St. William of York Catholic Churches

PreK 4yr.- 3<sup>rd</sup> grade

June 20th – June 24th, 2022, 1:30-4:30pm

St. Agnes Activity Center

### Family Information:

Family Name \_\_\_\_\_

Mother \_\_\_\_\_ Father \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Home

Mother-Cell

Father-Cell

e-mail \_\_\_\_\_

EMERGENCY CONTACTS (include cell phone numbers): \_\_\_\_\_

**Fees: 1 child - \$40**

**2 children - \$75**

**3 or more children - \$100**

*Assistance is available if needed. Contact the Parish Office for more information at 410-744-2900 or Peggy Mrozek at [pmrozek@archbalt.org](mailto:pmrozek@archbalt.org).*

### Child(ren)'s Name(s):

Current PreK4-3<sup>rd</sup> Graders are invited to participate.

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade this fall \_\_\_\_\_ Amt. \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade this fall \_\_\_\_\_ Amt. \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade this fall \_\_\_\_\_ Amt. \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade this fall \_\_\_\_\_ Amt. \_\_\_\_\_

All fees are due with registration.

**Please read and sign medical release and Permission and release on page 2 & 3**

**OFFICE USE ONLY:** date rec'd \_\_\_\_\_ Amount \_\_\_\_\_ Cash \_\_\_\_\_ Check# \_\_\_\_\_

**Medical Release Information**  
**St. Agnes Catholic Church**  
**Vacation Bible School - June 20th – June 24<sup>th</sup>, 2021**

In consideration of the wholesome recreation and/or learning experience in which my child(ren) will participate, I/We as parent(s) or guardian(s) of \_\_\_\_\_ allow my/our child(ren) to participate in Vacation Bible School at St. Agnes Catholic Church from June 20th – June 24<sup>th</sup>, 2022. By so permitting my/our child(ren) to part I hereby grant permission to Peggy Mrozek as Program Director on-site to obtain medical care from a licensed physician, hospital, or medical clinic for my child(ren) in the event I/we cannot be reached.

\_\_\_\_ We have medical/hospitalization coverage under policy # \_\_\_\_\_  
Issued by \_\_\_\_\_

\_\_\_\_ We do not have medical/hospitalization coverage and I/We assume responsibility for any and all medical expenses occurred

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 2022

\_\_\_\_\_  
Father/Mother/Guardian/Responsible Party

Any pertinent information relating to allergies, medication, etc.  
\_\_\_\_\_

**Permission & Release Agreement**

*This Archdiocesan form must be returned to the office before a child may participate in the vacation bible school.*

I hereby give my express permission as parent/legal guardian for my Child(ren), (please print),  
\_\_\_\_\_ to participate in the Activities described above.

In consideration of the opportunity for my Child(ren) to participate in the Activities, I knowingly and voluntarily on behalf of myself and my Child(ren) do hereby agree to forever RELEASE, HOLD HARMLESS, AND INDEMNIFY the Parish and the Archdiocese of Baltimore and each of its affiliate organizations, agents, governing board, departments, employees, officers, directors, volunteers, officials, representatives, agents, insurers, students, and other participants in the Activities (collectively, the “Archdiocese of Baltimore”) to the fullest extent permitted by law from any and all liability, claims, demands, and causes of action, including claims of negligence, arising out of or relating to any loss, damage, or injury (including illness or death) sustained in connection with or arising out of my child’s participation in the Activities, including any and all actions taken by the Parish or the Archdiocese of Baltimore pursuant to this Permission & Release Agreement.

By my signature below, I understand and acknowledge that my Child(ren)’s participation in the Activities may involve risk of minor or serious injury, including illness, permanent disability, death, and/or economic losses that may result from my Child(ren)’s actions or inactions, the actions or inactions of others, and the inherent risks of the Activities, including travel to and from the Activities. I further understand and acknowledge that the Activities may involve outdoor activities, including but not limited to exposure to sun and other elements, and changing environmental conditions due to inclement weather, lightning, wind, or temperature. I fully understand, appreciate, and hereby assume all such known and unknown dangers and risks related to my Child(ren)’s participation on behalf of my Child(ren) and I voluntarily elect to allow my Child(ren) to participate in the Activities. I affirm that I have had the opportunity to ask questions and have received all information about the Activities I feel necessary to assume the risks associated with the Activities.

I understand that my Child(ren)'s participation in the Activities may require a minimum level of fitness for safe participation, and the Parish and the Archdiocese of Baltimore do not screen, medically or otherwise, individuals that participate in the Activities. I acknowledge that it is my sole responsibility to make certain that my Child(ren) is/are physically fit and healthy enough to participate in the Activities. I understand that my Child(ren)'s participation in the Activities may also result in a greater risk of exposure to or contraction of COVID-19. By allowing my Child(ren) to participate in the Activities, I confirm that my Child(ren) does not have an elevated temperature, has not tested positive for COVID-19, has not been in direct contact in the last 14 days with someone infected with COVID-19, and has not otherwise exhibited any symptoms related to COVID-19 as identified by the Centers for Disease Control and Prevention (CDC). In the case of a health emergency or need of urgent healthcare, after a reasonable effort has been made to contact me and any below-named emergency contact(s) (or if the urgency of the circumstances does not allow for an attempt to contact me or any below-named emergency contact(s)), I authorize and consent to any medical care deemed necessary for my Child(ren)'s health and safety during the Activities. If my Child(ren) is/are not covered by hospitalization and medical insurance, I assume responsibility for the cost of hospitalization and medical care for my Child(ren).

I hereby authorize the Archdiocese to take photographs and video recordings of my Child(ren) in connection with my Child(ren)'s participation in the Activities. I acknowledge and agree that photographs or videos of participants in the Activities, including my Child(ren), may be used and published for educational and promotional purposes, including, for example, such purposes as publications, website or social media content, or other print or electronic materials produced from time to time by the Archdiocese. (Participants will not be identified by name, however, without specific written consent.) I agree that if I do not wish my Child(ren) to be photographed or videotaped, I will notify the Administrator, Peggy Mrozek, in writing.

If any provision or provisions of this Release Agreement are determined to be invalid or unenforceable, either in whole or in part, the parties agree that the invalid or unenforceable provision will be modified to the minimum extent necessary to render it valid and enforceable, so that the rights and obligations of the parties to this Release Agreement are preserved to the fullest extent permitted by law.

**I CERTIFY THAT I AM THE PARENT OR LEGAL GUARDIAN OF THE ABOVE-NAMED CHILD(REN), HAVE READ THE FOREGOING PERMISSION & RELEASE AGREEMENT AND ANY ACCOMPANYING ATTACHMENTS, UNDERSTAND THAT I GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY, WILLINGLY, AND VOLUNTARILY.**

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