



Dear Parents,

St. Christopher is excited to bring you Shipwrecked VBS the week of July 9-13, 2018 FOR FREE! We are able to provide this ministry free thanks to the efforts and donation of the St. Christopher GALA committee.

At Shipwrecked VBS, kids discover how JESUS RESCUES US through life's storms. Shipwrecked is filled with incredible Bible-learning experiences kids see, hear, touch and even taste. Scency fun gizmos, cool Bible songs, a "Connecting Kids to Justice" outreach project and tasty treats are just a few of the standout activities that help faith flow into real life. Since everything is hands-on, kids might get a little messy. Be sure to send them in play clothes and safe shoes.

Parents, grandparents and friends are invited to join us for Sail Away Sendoff at 11:30 in the school gym where we'll recap our day together. Dismissal will follow at 12:00pm.

To register: detach, fill out and send in the form on the right to the parish office.



Hope to see you Shipwrecked VBS!!

- ★ **Ages: 4 years to 4th Grade**
- ★ **Dates: July 9-13, 2018**
- ★ **Time: 9:00am-12:00pm** Caregivers are invited to come at 11:30 for the day's recap
- ★ **Cost: Free**
- ★ **Drop Off and Pick Up Location: St. Chris Gym**
- ★ Children enrolled in St. Christopher's Child Care Center who register for VBS, will be escorted to and from VBS by a Child Care Center teacher.

For more information, questions or offer to volunteer, please contact:
Elise Sas, 937-898-3542 ext. 105 esas@stchristopheronline.com

VACATION BIBLE SCHOOL REGISTRATION FORM PLEASE RETURN BY JUNE 29, 2018

	Child's Name	Gender	Grade in 2018/19
1			
2			
3			
4			

Specify for each child....

Allergies:

Medical Conditions

Emergency Contact

Name

Number

Name of Guardian(s) _____

Street Address _____

City _____ Zip _____

Guardian/Caregiver Cell Number _____

Email address _____

Can we use your child's photograph within the program for a daily slideshow, on social media (web, FB etc.) and for publicity? (Your child's name will not be printed with the photo)

_____ YES or NO _____

Volunteer Crew Leaders are needed. Crew leaders take a small group of VBS children around the stations. Crew leaders can be adults and teens. If you can volunteer please sign up here!

NAME _____ Cell Number _____

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 below as "Activity Information" 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. 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