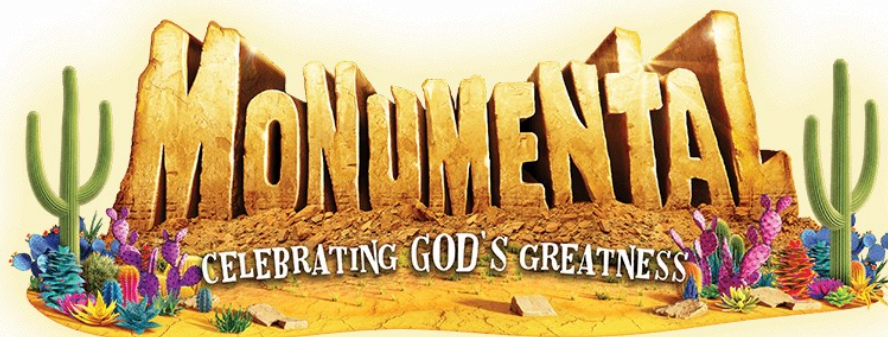


OUR LADY QUEEN OF THE APOSTLES
Vacation Bible School
TEEN VOLUNTEER REGISTRATION FORM

(Teens, 6th through 12th Grade)

June 27-July 1 9:00 AM - 12:30 PM



Payment is due at the time of registration.

NAME _____ **Grade (Fall 2022)** _____ **Age** _____ **DOB** _____

Address _____ **Phone** _____ **Home Parish** _____

Parent's Information:

NAME _____

Address _____

Home Phone _____ **Work Phone** _____ **Cell Phone** _____

Who should we contact in case of an emergency?

NAME _____

Address _____

Home Phone _____ **Work Phone** _____ **Cell Phone** _____

List any medications your child takes _____ **Allergies?** _____

Any health issues we should know?

Volunteer Tee Shirts: \$20.00

Shirt Sizes (please check size)

_____ Youth Small (6-8)

_____ Adult Small (34-36)

_____ Youth Medium (10-12)

_____ Adult Medium (38-40)

_____ Youth Large (14-16)

_____ Adult Large (42-44)

\$ _____

Please sign the Permission Form on the back of this form. →→→→→→→→

Photograph and/or Videotape Consent & Release

I hereby grant to Sponsor the right to photograph and/or videotape me and further to use my name, face, likeness, voice, and appearance in connection with exhibitions, publicity, advertising, and promotional materials without any reservation, limitation, or consideration. This waiver specifically releases any common law causes of action or claims under Fla. Stat. 540.08 and expressly constitutes written consent for publication of my name, face, likeness, voice and appearance.

Signature of participant: _____

Name: _____
Please Print

Date: _____

I certify that I am the parent or legal guardian of the above-signed participant, and that I have read the foregoing release and examined the information in the description. I hereby join in each and every part of this Photograph and/or Videotape Consent and Release (including such part as may subject me to personal financial responsibility) and hereby relinquish any claims that I may have against Sponsor as set forth above, both in my own behalf and in my capacity as legal representative (as applicable) of the participant, including without limitations any claims arising as a result of the participants leaving the supervision of Sponsor. I agree that if any portion of this document is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

Signature of Parent/Guardian: _____

Name: _____
Please Print

Date: _____