

Our Lady Queen of the Apostles
VACATION BIBLE SCHOOL
June 27—July 1
9:00 AM - 12:30 PM



Children who are entering kindergarten through 5th grade are invited to join us!
Program includes activities, Scripture, crafts, songs, drama and tasty snacks.

Payment is due at the time of registration.

NAME _____ Grade (Fall 2019) _____ 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 _____ Ad-
dress _____

Home Phone _____ Work Phone _____ Cell Phone _____

List any medications your child takes _____ Allergies? _____

Any health issues we should know?

Fees:

\$75 per child

\$30 each additional child
(same family)

Shirt Sizes (please check size)

_____ Youth Small (6-8)

_____ Youth Medium (10-12)

_____ Youth Large (14-16)

_____ Adult Small (34-36)

_____ Adult Medium (38-40)

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: _____