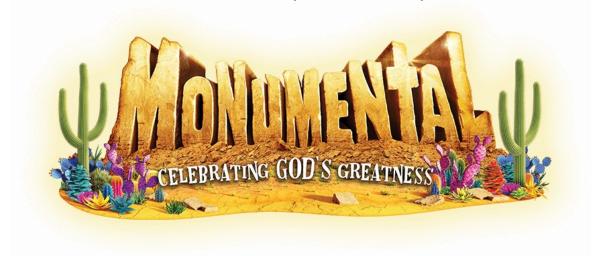
Our Lady Queen of the Apostles VACATION BIBLE SCHOOL June 27—July 1 9:00 AM - 12:30 PM



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	<u></u>
Parent's Information:				
NAME	Address			
Home Phone	Work PhoneCell Phone			
Who should we contact in case if an emerg	ency?			
NAME	Ad-			
dress				
Home Phone	Work Phone		Cell Phone	
List any medications your child takes		Allergies	?	
Any health issues we should know?				
Fees:		ease check size)		
\$75 per child	Youth Small (6-8)			
\$30 each additional child	Youth Medium (10	-12)Adu	lt Medium (38-40)	
(same family)	Youth Large (14-1	6)		

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: