



VACATION BIBLE SCHOOL 2024 PARTICIPATION FORM
SPACE IS LIMITED - DEADLINE TO REGISTER IS MAY 31ST

Our Lady of the Assumption Church June 17 - June 21 6:00 – 9 p.m.
ola_vbs@yahoo.com

Suggested donation \$50 per child. Please make checks payable to O.L.A.
If register before deadline, they will be a guest on stage during VBS week!

PLEASE PRINT

*****ONE PERSON REQUEST PER CHILD IF REGISTERED BEFORE DEADLINE*****

Child's Name: _____ Gender: Male Female Age: _____

Birthday: _____ Grade Completed: _____ Allergies/ Medical Conditions: _____

ONE REQUEST: _____ T-shirt size: 6-8 10-12 14-16 Received

Child's Name: _____ Gender: Male Female Age: _____

Birthday: _____ Grade Completed: _____ Allergies/ Medical Conditions: _____

ONE REQUEST: _____ T-shirt size: 6-8 10-12 14-16 Received

Child's Name: _____ Gender: Male Female Age: _____

Birthday: _____ Grade Completed: _____ Allergies/ Medical Conditions: _____

ONE REQUEST: _____ T-shirt size: 6-8 10-12 14-16 Received

Child's Name: _____ Gender: Male Female Age: _____

Birthday: _____ Grade Completed: _____ Allergies/ Medical Conditions: _____

ONE REQUEST: _____ T-shirt size: 6-8 10-12 14-16 Received

Parents: _____ Phone: (home) _____ (cell) _____

Address: _____ City: _____ Zip: _____

Email: _____ Who will bring/ pick-up child: _____

Person to notify in case of emergency: Name: _____ Phone: _____

Check the box if you allow Facebook AND Instagram postings from OLA Vacation Bible School Page.

Emergency Medical Release- REQUIRED BY OLA

Your registration form will not be processed unless this bottom piece is filled out!!!

In case my child is in need of emergency care, I hereby give permission as legal parent or guardian to the STELLAR VBS Staff of Our Lady of the Assumption Church of Turlock to secure emergency treatment of my child named above.

Family Doctor: _____ Phone: _____

Insurance Carrier: _____ Policy #: _____

Permission to participate in Vacation Bible School sponsored by Our Lady of the Assumption Catholic Church ("OLA") is given for myself and/or my minor child(ren). I understand that OLA carries no medical insurance for any of its program activities, including this program. I hereby agree to release, indemnify and hold harmless OLA and its agents, employees, and volunteers, from any and all liability for any injury or damage suffered to myself or my child(ren) arising from or connected with this program. I also agree to assume, and will assume, all risk for any injury or damage suffered by myself or my child(ren) arising from or connected with this program. I understand that parent participation and supervision is recommended for this program.

Signed: _____ Date: _____

VBS USE ONLY

Pd.: Cash Check#: _____ Amount Paid: _____ Date Received: _____ Received By: _____