



PLEASE PRINT

TRUE NORTH
VACATION BIBLE SCHOOL 2025 PARTICIPATION FORM
SPACE IS LIMITED DEADLINE TO REGISTER IS JUNE 1st

Our Lady of the Assumption Church June 16th - 20th 6:00 – 9:00 p.m.

Suggested donation \$50 per child. Please make checks payable to O.L.A.

If participants register before deadline, they will be a guest on stage during VBS week!

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

Birthday: _____ Grade Finished 24/25: _____ Allergies/Medical: _____

Request: _____ T-shirts: Please circle desired t-shirt size: YXS YS YM YL AS Received ☐

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

Birthday: _____ Grade Finished 24/25: _____ Allergies/Medical: _____

Request: _____ T-shirts: Please circle desired t-shirt size: YXS YS YM YL AS Received ☐

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

Birthday: _____ Grade Finished 24/25: _____ Allergies/Medical: _____

Request: _____ T-shirts: Please circle desired t-shirt size: YXS YS YM YL AS Received ☐

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

Birthday: _____ Grade Finished 24/25: _____ Allergies/Medical: _____

Request: _____ T-shirts: Please circle desired t-shirt size: YXS YS YM YL AS Received ☐

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

Address: _____ City: _____ Zip: _____

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

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

Please note that your requests will be taken into consideration- they are not for certain!

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

Infant Program Available for 30 months and younger in the Volunteer Registrations- Parents must be present!!!

Emergency Medical Release- REQUIRED BY OLA- Registration will not be official until all areas are filled!

In case my child is in need of emergency care, I hereby give permission as legal parent or guardian to the True North 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: _____