



The Greek Orthodox Church of Saint Demetrios

VACATION CHURCH SCHOOL 2017
ENROLLMENT FORM & PERMISSION SLIP
FOR TEEN TRACK (7th & 8th GRADES)

Monday, June 26th - *Thursday, June 29th, 2017 (9am - 12noon)
*Thursday, June 29th is an extended day until 2pm (BBQ celebration)

NAME OF PARTICIPANT _____

GRADE IN 2017-18 SCHOOL YEAR _____ BIRTHDAY: _____ / _____ / _____

ADDRESS _____ CITY _____ ZIP _____

HOME PHONE () _____ CELL PHONE () _____

E-MAIL(S) _____

Participant's T-shirt Size (please circle): Youth: M (10-12) / L (14-16) / XL (18-20) or Adult: S / M / L

For 7th & 8th grades only:

I GIVE MY CHILD PERMISSION TO ATTEND THE FIELD TRIP(S) OFFERED BY THE VCS PROGRAM.

Parent's Signature _____

- The enrollment fee of \$60 per participant should be paid via the Church office by Monday, June 12th.
All registrations and payments received after June 12th are subject to a \$25 late fee per participant.
Parents with multiple children receive a \$5.00 discount for each additional child (also applies to late fees).
Registration is not official or recognized until payment is made and forms are fully completed.
All checks may be made payable to The Greek Orthodox Church of Saint Demetrios.
All forms AND payment must be turned in together to the Church Office or at the VCS Booth.
Lunch or snack will not be served. Participants are asked to bring a DISPOSABLE peanut/nut-free snack & drink daily.

PARENT and TEEN VOLUNTEERS ARE NEEDED! (Please select all that apply.)

- Yes, _____ would like to volunteer with planning and preparations for VCS 2017!
Yes, _____ would like to volunteer to help during the week of VCS 2017!

I/We, the parent(s)/legal guardian(s) of the listed child above, do give my/our consent and approval for his/her participation in any and all activities of The Greek Orthodox Church of Saint Demetrios' 2017 Vacation Church School. In consideration of my/our child's acceptance in said activities, I/we the undersigned do hereby agree to indemnify and hold harmless The Greek Orthodox Church of Saint Demetrios and its directors, employees, officers, coaches & agents, without regard to any negligence on their part, against any claim for damages, compensation or otherwise including all losses and expenses caused to or by my/our child while participating in The Greek Orthodox Church of Saint Demetrios' 2017 Vacation Church School. I/We consent and give authority to obtain medical care and treatment of any and all injuries as a result of participating in The Greek Orthodox Church of Saint Demetrios' 2017 Vacation Church School.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ Date: _____

Please flip page.



VACATION CHURCH SCHOOL WAIVER FORM (TEEN TRACK)



Participant Name: _____

TRANSPORTATION

I authorize my child to use the following modes of transportation to participate in Vacation Church School events: private vehicles with seat belts driven by parents or sponsors, or private bus hired as needed. In doing so, I hereby expressly waive and release any and all rights or claims of any nature whatsoever I may have against the hired driver, TEEN TRACK staff, parents and Church of Saint Demetrios in Elmhurst.

Parent Initial

MEDICAL

If my child needs medical treatment while participating, it is my wish that the treatment is started while efforts are being made to contact me. So that treatment is not delayed, I consent to any medical procedures that the physician believes are needed, on the understanding that efforts to contact me will continue to be made. I accept responsibility for all costs related to such treatment.

Parent Initial

Please attach specific instructions if needed for the following:

Medication/Epipen, etc.:

Allergies:

ALL MEDICATION MUST BE IN THE POSSESSION OF A PARENT OR TEACHER.

PHOTO / VIDEO - Please check one. (Blanks will be registered as permission being granted.)

_____ I hereby **grant** St. Demetrios permission to use photo images or video of the above listed participant for the purpose of promoting Vacation Church School in publications and on the Web. I agree that the images and/or video become the exclusive property of St. Demetrios and waive the rights thereto.

_____ I **do not grant** St. Demetrios permission to publish any photo images or video of my child participating in the program.

Parent Initial

I, the parent/legal guardian of the above named child, have read, understood & agree to all terms stated above.

Parent Name (printed): _____

Parent Signature: _____ Date: _____