

# Vacation Bible School

Holy Trinity Orthodox Church, State College, PA  
June 13, 2016 – June 17, 2016

For questions and inquires, please contact:  
Dn. Mark Oleynik  
814-231-2855

## Participant Information *(additional children info may be provided on back)*

Name: \_\_\_\_\_ Guardian's Mobile Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Guardian's Home Phone: \_\_\_\_\_  
City: \_\_\_\_\_ *(if different)*  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Guardian's Email: \_\_\_\_\_  
Medications: \_\_\_\_\_ Allergies: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Primary Physician

Name \_\_\_\_\_ Phone: \_\_\_\_\_

## Guardian Permission/Release

I am the parent or legal guardian of the participant named above. I hereby release the Orthodox Church in America, the Archdiocese of Western Pennsylvania, and Holy Trinity Orthodox Church of State College, PA, and their agents and employees from any liability for all personal injuries known or unknown that the youth named above may incur due to reasons unrelated but not limited to negligence by participating in activities conducted, sponsored, or associated with the event stated above.

In the event of an emergency I, my spouse, or other designated person(s) listed below (indicate relationship to the attendee) may be reached at the following telephone numbers:

### Primary Contact

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_

### Secondary Contact

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_

Additionally, unless otherwise given written consent my child shall, my child shall only be released to one of the persons above.

In the event that I cannot be reached in the case of emergency, I do hereby authorize a physician selected by the coordinator of this event to administer emergency treatment including medications, diagnostic tests, surgery or other medical intervention deemed necessary by the physician. Please indicate any allergies or medications on the back of this form.

I, the undersigned, have read this release and understand all its terms. I execute it voluntarily on behalf of myself and the participant named above, and with full knowledge of the significance, to bind all persons. In witness whereof, I signed this release on the date indicated below.

Name (Please print): \_\_\_\_\_

Signature: \_\_\_\_\_