

# Vacation Bible School

Holy Trinity Orthodox Church, State College, PA

June 12, 2017 – June 16, 2017

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:	_____
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## 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	Secondary Contact
Name: _____	Name: _____
Relationship: _____	Relationship: _____
Phone: _____	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: \_\_\_\_\_