

# 2017 Vacation Church School Registration and Waiver Release Form

Monday, August 21 through Wednesday, August 23

9:00am – 1:00pm

VCS is held at Christ the Savior Orthodox Church in Ballston Lake, NY. **This form is due by August 1!**

Children's Name (Last, First)	Age	Grade	Birthdate

If you have more names to add, please attach an additional sheet of paper with the above information.

Parent(s)/Guardian Name(s) \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Parent e-mail address \_\_\_\_\_

We (I) hereby give permission for my (our) child(ren) to attend and participate in "Vacation Church School."

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**LIABILITY RELEASE:** In consideration of Christ the Savior Orthodox Church allowing the above child(ren) to participate in Vacation Church School activities, we (I), the undersigned, do hereby release, forever discharge and agree to hold harmless Christ the Savior, its directors, employees, volunteers and agents (collectively herein the "Church") from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the above child(ren) while involved in Vacation Church School. Furthermore, we (I) [and on behalf of our (my) minor child(s)] hereby assume all risk of accidental personal injury, sickness, death, damage and expense as a result of participation in activities involved therein.

**PHOTO/PICTURE PERMISSION:** I (we) give my (our) consent to Christ the Savior Orthodox Church to use photo or video images taken of my (our) child(ren) in church brochures, advertisements for the church, on the website, in social media, and in other church publications as they see fit (this includes other Captial Region Orthodox parishes involved). I agree to hold harmless Christ the Savior Orthodox Church from any liability which may result from the use of said picture(s). This form will apply throughout my (our) child(ren)'s tenure at Vacation Church School. None of the photos to be taken will be for personal use.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Allergies or Medical Conditions:** *(If more than one child list each separately)*

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**Activity restrictions:** \_\_\_\_\_

**Emergency Contact person & phone #s in case parent/guardian cannot be reached:**

**Name:** \_\_\_\_\_

**Phone #s:** \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Note: All information will remain confidential to VCS Staff.**

Please return all completed Registration/Permission/Waiver forms to:

**Christ the Savior Orthodox Church  
Attn: Paul Giokas  
PO Box 1393  
Ballston Lake, NY 12019**