



*The Greek Orthodox Church of Saint Demetrios*  
**VACATION CHURCH SCHOOL 2018**  
**ENROLLMENT FORM & PERMISSION SLIP**  
**FOR TEEN TRACK (7<sup>th</sup> & 8<sup>th</sup> GRADES)**

Monday, June 25<sup>th</sup> – \*Thursday, June 28<sup>th</sup>, 2018 (9am – 12noon)  
*\*Thursday, June 28<sup>th</sup> is an extended day until 2pm (BBQ Celebration)*

NAME OF PARTICIPANT \_\_\_\_\_

GRADE IN **2018-19** 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 11<sup>th</sup>**.
- All registrations and payments received after June 11<sup>th</sup> 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 2018!
- Yes, \_\_\_\_\_ would like to volunteer to help during the week of VCS 2018!

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' 2018 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' 2018 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' 2018 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: \_\_\_\_\_