



VACATION BIBLE SCHOOL REGISTRATION

“Growing in the Lord”

June 8-12, 2026

8:00am- 1pm

Please complete entire registration form as it pertains to your involvement

Child's Information: Preferred Name- _____

(Please Print) Last, First

Date of Birth ____/____/____ Age- _____

Last Grade Completed in School (circle) - 1st 2nd 3rd 4th 5th 6th 7th 8th Grade

Child's T-shirt Size _____

Child's Favorite Activity- _____

Allergies/ Pertinent Medical Info/ Other- _____

Primary Place of Worship (if applicable) _____

Parent/ Guardian Name/ Volunteer Information

Address _____

Email Address _____

Primary Phone # Home- _____ or Cell- _____ or Work _____


Other Contacts for Emergencies:

Name- _____ Phone- _____

Number of Adults/Parents/ Guardians Staying _____

Check here if you're willing to Help or Hangout, or simply eat meal together. For counting meals.

Dinner/ Snacks Number- _____ Expertise- _____

PLEASE COMPLETE PHOTO RELEASE 



**The Episcopal Diocese of Ohio - 2230 Euclid Avenue- Cleveland, Ohio 44115
(216) 771-4815**

I hereby grant The Episcopal Diocese of Ohio (The Diocese) the irrevocable right and permission to use photographs and/or video recordings of me on the printed and/or electronic materials, or for any other similar purpose without compensation to me.

I understand and agree that such photographs and/or video recordings of me may be placed on the Internet. I also understand and agree that I may be identified by name and/or title in printed, Internet or broadcast information that might accompany the photographs and/or video recordings of me. I waive the right to approve the final product. I agree that all such portraits, pictures, photographs, video and audio recordings, and any reproductions thereof, and all recording tape and digital files are and shall remain the property of The Diocese. There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed.

I hereby release, acquit and forever discharge the Episcopal Diocese of Ohio, its parishes and employees of the above-named entities from any and all claims, demands, rights, promises, damages and liabilities arising out of or in connection with the use or distribution of said photographs and/or video recordings, including but not limited to any claims for invasion of privacy, appropriation of likeness or defamation.

I hereby warrant that I am eighteen (18) years old or more and competent to contract in my own name or, if I am less than eighteen years old, that my parent or guardian has signed this release form below. This release is binding on me and my heirs, assigns and personal representatives.

Signature of Individual Photographed/Recorded Date

Printed Name of Individual Photographed/Recorded: _____

Signature of Witness Date

If individual photographed/recorded is under eighteen (18) years old, the following section must be completed: I have read and I understand this document. I understand and agree that it is binding on me, my child (named above), our heirs, assigns parent and or personal guardian representatives. of the child named I acknowledge above. that I am eighteen (18) years old or more and that I am the parent or guardian of the child named above.

Signature of Parent/Guardian of Individual Photographed/Recorded Date

Printed Name of Parent/Guardian: _____

Signature of Witness Date