



St. Paul's Orthodox Church

1915 North Central Expressway, Suite #300 Plano, TX 75075



2018 OVBS REGISTRATION FORM

Theme: *GOD MOLDS US – Isaiah 64:8*

Thursday, August 9 - Saturday, August 11



Student Information							
First Name	M.I.	Last Name	Gender	Food & Allergy Information	2017-18 School Year	Days Not Attending	T-Shirt Size
			M / F			Thu Fri Sat	3T 4T 5T 6T Youth: S M L Adult: S M L
			M / F			Thu Fri Sat	3T 4T 5T 6T Youth: S M L Adult: S M L
			M / F			Thu Fri Sat	3T 4T 5T 6T Youth: S M L Adult: S M L
Parent/Guardian Information							
Name			Address			City / State / Zip Code	
Relationship to Student(s)		Phone		Email (please print)			Parish
Emergency Contact information							
#	Name			Phone		Relationship	
<p>Registration fee is \$15 per student for members and free for non-members. Registration covers the expenses for food, supplies, and activities for 3 days. Registration fee must be paid in full at time of registration. Fees are non-refundable. Please make checks payable to St. Paul's Orthodox Church, and write "OVBS" in the memo section. Register on or before Sunday, August 5, 2018 (after that T-shirts and other supplies are not guaranteed). For more information, including help with transportation, please contact Mr. Linz Philip (Tel: 916 806 9235, Email: pathrosep@gmail.com)</p> <p>Waiver: I, as parent/guardian of student(s) attending the OVBS 2018, acknowledge and accept the responsibility for safety, liability, and medical insurance of my child (children) in case of any emergency and will not hold the office bearers, volunteers, representatives, sponsors, or participants of the St. Paul's Orthodox Church OVBS 2018 program responsible for any risk of loss, property damage or personal injury, including death, that may result from participation in the event. I understand that as a participant, my child (children) may be photographed or videotaped during normal camp or event activities, and these photos/videos may be used for promotional purposes. In case of emergency, I give my permission for emergency medical treatment. I take full responsibility for my child (children) to abide by the rules and regulations of the OVBS program. I agree to follow the rules and regulations set by OVBS organization, and am aware that any failure to do so may result in dismissal of my child (children) from the program site, and if necessary, appropriate legal action may be taken against me. I am aware that it is my responsibility to maintain and uphold the Christian atmosphere of the program.</p>							
Parent/Guardian Signature: _____						Date _____	
For Office Use Only		Date Received	Check Number / Cash	Amount	Received By		