



High Seas Expedition Vacation Bible School  
July 23-26, 2024 – 9 AM-12N  
Our Lady of Peace Catholic Church  
2938 Oakleigh Avenue, Appomattox VA 24522  
For More Information:

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## REGISTRATION FORM

Student's First & Last Name: \_\_\_\_\_

Nickname: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

t-shirt size (circle one)    3T 4T 5T    Youth S M L    Adult S M L

Home Church (if applicable): \_\_\_\_\_

Allergies: \_\_\_\_\_

Medical Issues or Special Needs: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency contact: \_\_\_\_\_

Emergency phone: \_\_\_\_\_

Alternate Pickup Name/Phone: \_\_\_\_\_

**PERMISSION TO ATTEND:** I give permission for my child named above to attend the Vacation Bible School listed above. I understand that the information I give for this registration will only be used by the VBS hosting church and that all registration information will be removed from the hosting site by December 31 of this year.

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

**MEDICAL RELEASE:** I give my permission for the VBS staff to administer basic first aid to my child named above in the event of injury I understand that the VBS staff will contact emergency services in the event of a significant injury and all expenses for such emergency services will be paid by me.

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

**PHOTO RELEASE:** I hereby grant the above-named church permission to copyright and use photographs/videos taken at VBS of the minor designated above in any manor or form for any purpose lawful at any time. I waive any right that I may have to inspect or approve the finished product or written copy that may be used in conjunction therewith or the use to which it may be applied.

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