



The Malankara Orthodox Syrian Church, Chicago Region, **Registration Form**
Orthodox Vacation Bible School 2013, Thursday, July 18 – Saturday, July 20



Student Information (PLEASE PRINT LEGIBLY)

First Name	Last Name	Special Notes (medication, food or allergy information)	Gender	T-shirt size (circle the appropriate choice)	2012-13 school year (circle)	Days NOT able to attend	Need help with transportation? (*)
1			M/F	Youth: 2/4 6/8 10/12 14/16 Adult: XS S M L XL XXL	PreKG KG 1 2 3 4 5 6 7 8 9 10 11	Th Fr Sat	Yes No
2			M/F	Youth: 2/4 6/8 10/12 14/16 Adult: XS S M L XL XXL	PreKG KG 1 2 3 4 5 6 7 8 9 10 11	Th Fr Sat	Yes No
3			M/F	Youth: 2/4 6/8 10/12 14/16 Adult: XS S M L XL XXL	PreKG KG 1 2 3 4 5 6 7 8 9 10 11	Th Fr Sat	Yes No

Parent/Guardian Information

Name		Street Address		City/State/Zip code	
Relationship to student(s)		Phone	Email		Parish Name

Emergency Contact information

Name	Phone(s)	Relationship
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Registration fee is **\$20 per student**. It covers the cost of 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 your individual parish, and write "OVBS" in the memo section. **Register on or before July 7 - Sunday** (after that T-shirts and other supplies are not guaranteed). (*)For more information, including help with transportation, please contact your Sunday School principal or parish vicar.

Comments/Concerns/SpecialNotes: _____

Waiver: I, as parent/guardian of student(s) attending the OVBS 2013, 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, coordinators, or participants of the OVBS program responsible. 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. _____ **(parent/guardian signature and date)**

For Office Use Only	Date Received	Check Number/Cash	Amount	Parish
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