Summer 2024 VBS OKPCA Registration Form



Please Note Allergies or Other Health Issues:

Date: June 3 - 7

Time: 9:00am - 12:00pm (EST)

Fee: \$20.00

Due: Sunday, May 5, 2023

Student's Name:		Gender: M F			
Age:	2024-25 Grade:	Youth T-Shirt: S Adult T-Shirt: S			XL
Street Address:					
City:	State:	Zip Code:			
Home Church:					

All forms should be sent to Pastor Daniel Yu 2045 Dianjo Dr, Orlando, FL 32810

pastor.danielyu@gmail.com
(206) 612-9839

Parental Consent Form

To be completed in full by Parent/Guardian. No application can be accepted without the signature of a parent or legal guardian. This form is an agreement between signatory and Orlando Korean Presbyterian Church in America (OKPCA) 2024 VBS.

Emergency Contact (Please printing	nt)	
Primary Emergency Contact		
Last, First Name:		
Phone/Mobile:	Email:	
Alternate Emergency Contact		
Last, First Name:		
Phone/Mobile:	Email:	
I, as the parent or legal guardian of participantion and poses potential—although minimal—2024 VBS does not provide accident insurance and to assume the risks of injury or harm that of my personal representatives and heirs, I refrom any and all claims or liability arising from VBS. I grant OKPCA 2024 VBS permission to es or to be used in the media. I grant OKPCA medical assistance for the participant(s) listed I HAVE CAREFULLY READ AND FULLY UNDELY ASSUME THE RISK AND WAIVE MY RIGHTHAT I HAVE LEGAL AUTHORITY TO ENTER	erisk, and a guarantee of absolute safety is inceed covering this program. I voluntarily elect to could result from my participation. On my collease OKPCA 2024 VBS, its owners, employing my participation in the programs, services use photographs taken of me during the program value of the program of the p	mpossible. I understand OKPCA to participate in this program own behalf, and on the behalf yees, staff, and representatives or activities of OKPCA 2024 ogram for promotional purposirst aid or to seek appropriate
Signature (Parent/Guardian):		Date: