



**Our Lady of Lourdes
Vacation Bible School:
July 15 - 19, 2019
9:00 a. m. - 12:00**



Youth Volunteer

Date : _____

Name: _____

Street address: _____

City: _____ State: _____ ZIP: _____

Home telephone: (_____) _____ Cell telephone: (_____) _____

Home e-mail address: _____

Number of family members participating: _____ School Year 2019-2020 Grade: _____

Will parents be helping in other areas of Athens? _____ Where? _____

In case of emergency, contact: _____

Emergency Phone: Number _____ Relation _____

Allergies other medical conditions: _____

Photography & Video Consent

As a participant, or parent/guardian of _____, I understand that promotional pictures and videos (individual and group) will be taken during these events.

I (**GIVE** **DO NOT GIVE**) **permission** for my or my child's picture and video to be used for promotional materials (newsletter, web page, Facebook page, calendars, power point, videos, etc.) in highlighting the events.

Participant or Parent Signature

Date