



VBS REGISTRATION FORM
Good Shepherd/St. Leonard's/St. Luke's
JULY 8-12 from **9:00 a.m.- 12:15 p.m.**
AT St. Leonard's on the Hill
4241 44 Street
Red Deer AB T4N 1H3

Please Print

CHILD'S NAME: _____

BIRTHDATE: _____ AGE: _____ *must be potty trained

If possible, I would like to be on the same team as _____

PARENT/GUARDIAN NAMES: _____

TELEPHONE (H / C / W): _____

EMAIL: _____

EMERGENCY CONTACT: NAME: _____

PHONE: _____

CHILD MEDICAL ISSUES (PLEASE INCLUDE ALLERGIES, MEDICATIONS, RESTRICTIONS (especially relating to food as we serve snacks):

HEALTH INSURANCE NAME: _____ POLICY NUMBER: _____

Medical Emergency Release & Waiver: I agree to give my consent for emergency medical treatment for my child(ren). In the event of illness or injury requiring emergency treatment, I wish the VBS staff to seek treatment at the nearest available licensed physician or dentist, or transport to the nearest medical facility. I expect to be contacted as soon as possible if an emergency occurs. I hereby release Good Shepherd Lutheran Church, its staff, volunteers and sponsors from any responsibility and liability for any illness or injury that the above mentioned child(ren) may sustain during any activity and any and all claims and liabilities.

PARENT/GUARDIAN SIGNATURE: _____

Photo & Video Release: I understand that my child(ren) may appear in photographs or videos that are used by Good Shepherd Lutheran Church for promotional purposes including, but not limited to, brochures, promotional videos, and websites. I waive any rights to royalties or other compensation arising from or related to the use of such images and recordings.

PARENT/GUARDIAN SIGNATURE: _____

There is no cost to Vacation Bible School. A free will offering is welcome.