



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):

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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.