



VACATION BIBLE SCHOOL



August 7-11, 2017
9:00 A.M. to Noon

\$10 per child or \$25 for a family of 3 or more.

Includes: Program, Snacks, Crafts, & T-shirt

Children should be at least 3 years old by July 1, 2017 and able to use the restroom independently up through those who have completed Grade 5.

Return all forms and payment* to:
Good Shepherd VBS
1601 North Street SE
Olympia, WA 98501
*Payment may be made online at
www.gsolympia.org

Vacation Bible School Registration and Health Form

Use one form per child. Please print clearly.

Child Name _____
Last First

Birth Date _____

Home Address _____
Street Address City State Zip

Grade Completed: _____ T-Shirt Size (circle one) Youth XS Youth S Youth M Youth L
Youth XL Adult S Adult M Adult L

Name of Home Church, if any _____

Does child have a sibling/relative/friend attending? Y / N If yes, should they be placed in the same group? Y / N

If yes, what is the other child's name: _____

Custodial Parent/Guardian _____

Daytime Phone _____ Email Address _____

Home Address (if different) _____
Street Address City State Zip

Second Parent/Guardian or emergency contact _____

Daytime Phone _____ Relationship _____

Who else is allowed to pick up this child from VBS _____

I/We are interested in:

- Praying for the VBS Participants & Families
- Praying for the VBS Staff
- Buying Snack or Craft Supplies
- Helping as part of the Kitchen Crew
- Helping with Crafts
- Helping with Games

Insurance Information

Is the Child covered by family medical/hospital insurance? Yes No

If so, indicate carrier or plan name _____ Group # _____

Health History

Allergies

Medication: _____

Food: _____

Other: _____

Other Considerations or Special Needs: (please note: reasonable accommodations will be attempted for all participants with known needs, please contact the church to see about accommodating special requests)

Medications

Please List any Current Medications w/Dosage

Medication 1 _____
Name of Med Dosage

Medication 2 _____
Name of Med Dosage

Activity Restriction: Please list any restrictions and/or limitations to physical activities (i.e. pre-existing conditions)

Name of family Physician _____ Phone _____

Address _____

This form is complete and accurate to my knowledge. The participant has permission to partake in all activities unless otherwise noted. I acknowledge my role as a grown-up to support my child with daily attendance and timely drop-off and pick-up.

Signature of Parent or Guardian _____
Date

This Health information will be used for informational and emergency purposes only.

Vacation Bible School Releases

Liability Release: I have requested that the Lutheran Church of the Good Shepherd (LCGS) enroll my child as a participant in an activity program. As a condition of allowing my child to participate in this activity, I, the undersigned, do hereby agree to the following: I understand that my child can expose him/her to dangers both from known risk and unanticipated risk. Acknowledging that such risk exists, I hereby release and discharge LCGS and its officers, agents, and employees from any claims or liability for personal injury or property damage that my child may suffer while attending this program. This includes but is not limited to, any claim arising out of any condition of the premises at which the program is held or the conduct of any person in connection with the preparation for, supervision of, or conduct of any activity, whether planned or unplanned, in connection with the camp or program. I specifically agree to release and hereby release LCGS and its officers, agents, and employees of LCGS for any negligence of LCGS or the officers, agents, or employees of LCGS.

Signature of Parent or Guardian: Date:

Publicity Release: Permission is hereby granted to use photos of, quotes from, or likeness of me or my child in print or electronic media for publicity purposes for and by the Lutheran Church of the Good Shepherd. Any claim or right is hereby waived to any royalty or fees that might be applicable for the use of such images, quotes, or likeness.

Signature of Parent or Guardian: Date: