



**VBS REGISTRATION FORM**  
Good Shepherd/St. Leonard's/St. Luke's  
**JULY 6-10, 2026** from **9:00 a.m.- 12:00 p.m.**  
**AT GOOD SHEPHERD LUTHERAN CHURCH**  
40 Holmes Street, Red Deer, AB  
403-340-1022

Email: [goodshep@telusplanet.net](mailto:goodshep@telusplanet.net)

\*Please Print then scan or drop off at Good Shepherd church\*

CHILD'S NAME: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ AGE (4-11): \_\_\_\_\_

If possible, I would like to be on the same 'Team' as \_\_\_\_\_  
**(We will do our best to accommodate requests for registrations received by June 1st, but tour groups are arranged by age group.)**

PARENT/GUARDIAN NAMES: \_\_\_\_\_

TELEPHONE (H / C / W): \_\_\_\_\_

EMAIL: \_\_\_\_\_

EMERGENCY CONTACT: NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

CHILD MEDICAL ISSUES (PLEASE INCLUDE ALLERGIES, MEDICATIONS, RESTRICTIONS)  
*As our kitchen is not equipped for all allergies, participants with dietary restrictions will be offered fruit for snacks*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ALBERTA HEALTH CARD 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 a \$10.00/child cost to Vacation Bible School. Bursaries are available upon request.  
We are setting maximum capacity at 65 registrations due to the size of our groups/classrooms.

*For Office Use Only* – Team \_\_\_\_\_ Tag \_\_\_\_\_ PD \_\_\_\_\_