



VBS & DAY CAMP FORM

June 19th – 22nd, 2023

PERSONAL INFORMATION

Full Name : _____

Address : _____

Phone Number : _____ E-Mail : _____

Parent/Guardian's Name: _____

Parent/Guardian Email: _____

Home Phone : _____ Cell Phone : _____

*Good Shepherd has my permission to text this number: Yes _____ No _____

I am a member of Good Shepherd: Yes _____ No _____

Allergies or Special Needs: _____

EMERGENCY CONTACT DETAILS

Contact Name : _____ Phone Number: _____

MEDICAL RELEASE

_____ had our permission to participate in Good Shepherd's Vacation Bible School/ Day Camp event June 19th - 22nd, 2023. In the event of an emergency, we can be reached at the following number: _____. We also hereby authorize the delivery of necessary emergency medical care by available medical personnel.

Signature of Parent/ Guardian : _____ Date : _____

MEDIA PERMISSION

I give permission for my minor child to be photographed or videotaped during VBS/Day Camp at Good Shepherd. Photographs or videos may be used for promoting our programs to include, but not limited to, publication in the newsletter, Good Shepherd's website and Facebook page.

Signature of Parent/ Guardian : _____ Date : _____

Please return completed registration form to Good Shepherd Lutheran Church, 1429 N. Dakota Street, Aberdeen, SD 57401 by May 31st, 2023.

Good Shepherd
Lutheran Church