



Children Age 4 to Grade 5

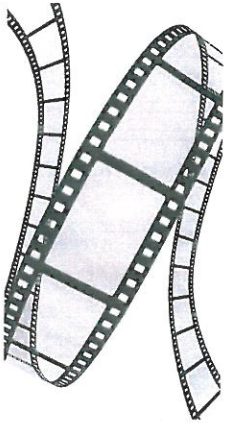
Good Shepherd  
goes to



**HOLLYWOOD**

VBS 2017

**PARENTS!!**  
COOL CRAFTS  
FUN GAMES  
UPBEAT MUSIC  
EXCITING ACTIVITIES  
CREATIVE SKITS  
BIBLE STORIES



**FUN-FILLED DAYS OF CATHOLIC VBS**

**DATES:** MONDAY, JULY 10<sup>TH</sup> THROUGH FRIDAY, JULY 14<sup>TH</sup> 2017

**TIMES:** 9:00 A.M. - 12:00 NOON

**LOCATION:** GOOD SHEPHERD CATHOLIC CHURCH PARISH LIFE CENTER  
3740 Holtzclaw Road - Cumming, GA 30041

**NEW AND EXCITING CATHOLIC VBS**

**DON'T MISS OUT ON THIS SPIRITUAL ADVENTURE OF A LIFETIME!!!**

Item	Fee	Amount
Registration Fee (one child)	\$30.00	
Registration Fee (two siblings)	\$50.00	
Registration Fee (three or more siblings)	\$60.00	
Total amount attached		

**\* Parents who volunteer for ALL five days are eligible for a 50% refund  
(Please complete form after event)**

**Waiver**

I, the parent/guardian of the minor(s) listed on the reverse of this form, do hereby give my permission and approval for him/her/them to participate in the Event indicated above at the Parish Life Center of **The Church of the Good Shepherd**. As the undersigned, I assume all risks and hazards incidental to participation, including transportation to and from these activities and do hereby, for myself, the minor child(ren), my heirs, executors, and administrators, waive, release, absolve, indemnify and agree to hold harmless the Church of the Good Shepherd, The Catholic Archdiocese of Atlanta and their representatives, sponsors, affiliated associations, organizers, officers, officials and participants for/from any and all damages suffered by said minor(s) in connection with this activity. Also, I agree that he/she/they will abide by all the rules and policies set by the Church of the Good Shepherd Faith Formation Department, the Pastor and the Archdiocese of Atlanta. I, the undersigned, give permission to **The Church of the Good Shepherd Faith Formation Department** to photograph and video programs/activities and use those materials in advertising, promoting and reporting Church programs and activities without compensation to me, said minor(s) or our assigns. I, the undersigned, give permission to **The Church of the Good Shepherd** and to its representative(s), in the event of an emergency, to obtain and authorize medical care for said minor child(ren) at any hospital, emergency medical center, or any other health facility; by any medical doctor, osteopath, nurse, surgeon or any other medical practitioner. The undersigned further agree(s) to be responsible for the expenses of any medical care needed by the minor child(ren), and hold the staff authorizing the medical care harmless from any damages suffered by said minor(s) as a result of the medical treatment authorized. This medical release is valid for the duration of the entire activity/program listed above.

By my signature below, I acknowledge and agree that the information noted above is in effect for the duration of the Catholic VBS **The Church of the Good Shepherd** in which the applicant(s) participate(s). I further agree that, as the undersigned, I am solely and completely responsible for updating, changing, correcting, adding or deleting any information with respect to the agreements above before participating in any activities relying on this information.

Signature (Parent/Guardian) \_\_\_\_\_ Date \_\_\_\_\_

# REGISTRATION

Child 1

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_  
Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Gender \_\_\_\_\_ Grade \_\_\_\_\_  
Shirt Size (circle one) Child XS Child S Child M Child L Child XL Adult S Adult M Adult L Adult XL Adult XXL  
Please list any medication(s) the above-noted registrant is taking \_\_\_\_\_  
Please list any drug or other allergies the registrant may have \_\_\_\_\_  
Please list any **medical conditions** that may impact the registrant's ability to participate in this/these activity(activities)/program(s) \_\_\_\_\_

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Child 2

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_  
Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Gender \_\_\_\_\_ Grade \_\_\_\_\_  
Shirt Size (circle one) Child XS Child S Child M Child L Child XL Adult S Adult M Adult L Adult XL Adult XXL  
Please list any medication(s) the above-noted registrant is taking \_\_\_\_\_  
Please list any drug or other allergies the registrant may have \_\_\_\_\_  
Please list any **medical conditions** that may impact the registrant's ability to participate in this/these activity(activities)/program(s) \_\_\_\_\_

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Child 3

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_  
Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Gender \_\_\_\_\_ Grade \_\_\_\_\_  
Shirt Size (circle one) Child XS Child S Child M Child L Child XL Adult S Adult M Adult L Adult XL Adult XXL  
Please list any medication(s) the above-noted registrant is taking \_\_\_\_\_  
Please list any drug or other allergies the registrant may have \_\_\_\_\_  
Please list any **medical conditions** that may impact the registrant's ability to participate in this/these activity(activities)/program(s) \_\_\_\_\_

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Child 4

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_  
Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Gender \_\_\_\_\_ Grade \_\_\_\_\_  
Shirt Size (circle one) Child XS Child S Child M Child L Child XL Adult S Adult M Adult L Adult XL Adult XXL  
Please list any medication(s) the above-noted registrant is taking \_\_\_\_\_  
Please list any drug or other allergies the registrant may have \_\_\_\_\_  
Please list any **medical conditions** that may impact the registrant's ability to participate in this/these activity(activities)/program(s) \_\_\_\_\_

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Child 5

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_  
Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Gender \_\_\_\_\_ Grade \_\_\_\_\_  
Shirt Size (circle one) Child XS Child S Child M Child L Child XL Adult S Adult M Adult L Adult XL Adult XXL  
Please list any medication(s) the above-noted registrant is taking \_\_\_\_\_  
Please list any drug or other allergies the registrant may have \_\_\_\_\_  
Please list any **medical conditions** that may impact the registrant's ability to participate in this/these activity (activities)/program(s) \_\_\_\_\_

Parent Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone #1 \_\_\_\_\_ Phone #2 \_\_\_\_\_  
E-mail Address \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_  
Emergency Phone \_\_\_\_\_