

## Dear Parents, Grandparents and Friends:

*Send your kids on an over-the-top underground adventure!*

At Cave Quest VBS, kids explore the rock-solid foundation of Jesus' love. Cave Quest VBS is filled with incredible Bible-learning experiences kids see, hear, touch, and even taste! Sciency-Fun Gizmos™, team-building games, cool Bible songs, and tasty treats are just a few of the standout activities that help faith flow into real life. (Since everything is hands-on, kids might get a little messy. Be sure to send them in play clothes and safe shoes.) Plus, we'll help kids discover how to see evidence of God in everyday life—something we call God Sightings. Get ready to hear *that* phrase a lot!

Each day there will be a collection taken that will be donated at the end of the week to benefit "School Supplies for Children" (a worldwide charity sponsored by Lutheran Brotherhood).

So mark these dates on your calendar: **Monday, June 19<sup>th</sup> through Friday, June 23<sup>rd</sup>, 2017.**

The fun starts at **8:45am** and will end at **12:00pm**.

- ✓ Parents, grandparents, and friends are invited to join us at Cave Quest Closing **each day** at 11:30am, a daily exploration of Jesus – the light of the world!
- ✓ In addition, **on Friday**, the children will put on a little show for parents/loved ones with a lunch to follow. The show begins at **12:00pm** and will conclude by **1:00pm**.
- ✓ And, one last thing, your VBS children are invited to join us at the **10:00am** service on **Sunday, June 25<sup>th</sup>, 2017** to perform some of their VBS songs for the congregation. Please plan to join us!

To register your children for this life-changing adventure, complete the attached forms and mail to:

Good Shepherd Lutheran Church  
501 Fairfield Drive  
Greensburg, PA 15601

***CAPACITY IS LIMITED, SO REGISTER EARLY!***

Sincerely,

*Your Cave Quest VBS Directors*



Did you complete...?

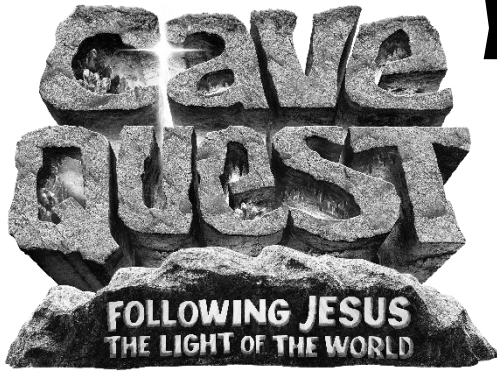
Registration Form  
Photographic Release  
Medical Release Form

Friday Luncheon RSVP

Sunday Service RSVP

Attach check payable to "Good Shepherd Lutheran Church" for t-shirt(s)

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# Registration Form



Registration Fee: **FREE**

Deadline June 10, 2017. *\*After June 10th, \$20 per child.*

*This year, t-shirts are available for only \$5.00!!*

Name	Birthdate	Age	Gender	Last Grade Completed	Youth T-shirt size <i>Unless noted</i> Enclose \$5.00

Name(s) of parent(s): \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home telephone: (\_\_\_\_\_) \_\_\_\_\_

Parent/caregiver's contact phone (during VBS): (\_\_\_\_\_) \_\_\_\_\_

Home email address: \_\_\_\_\_

Home church: \_\_\_\_\_

In case of emergency, contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Does your child have a friend they would like to be placed with? If so, who?

Child's Name	Friend(s)	Child's Name	Friend(s)

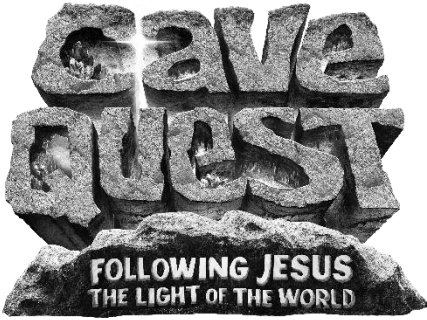
I hereby  GRANT  DO NOT GRANT permission for **Good Shepherd Lutheran Church** to use pictures of my child(ren), on their website, for informational or promotional purposes.



## RSVPs

	Friday Luncheon		Sunday Service
	# of Adults	# of Children (including VBS Children)	# of Children
<input type="checkbox"/> We WILL be attending			
<input type="checkbox"/> We will NOT be able to attend			

*If you are not sure now, please let us know during VBS!!*



# Medical Release Form

I (We), the undersigned parent(s) or guardian (s) of \_\_\_\_\_ a minor(s), do hereby authorize adult volunteers of **Good Shepherd Lutheran Church**, as agents for the undersigned, to consent to any medical or surgical care deemed advisable by any accredited physician or surgeon, in an emergency clinic or hospital.

I further release from any liability **Good Shepherd Lutheran Church**, and any of its ministers and/or leaders in the event of an accident en route, during and returning from the above mentioned event. This agreement does not apply to claims for intentional misconduct or gross negligence.

	<b>Date Signed</b> _____
<b>Parent/Legal Guardian (print)</b> _____	
<b>Parent/Legal Guardian (sign)</b> _____	

Address \_\_\_\_\_

City \_\_\_\_\_

Emergency Phone: Home: (\_\_\_\_) \_\_\_\_\_ Work : (\_\_\_\_) \_\_\_\_\_

(WHO?) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Health Insurance Company \_\_\_\_\_

Policy or Group # \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

If parent/legal guardian is not available in an emergency, contact:

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Please list any **allergies**. Include medications, food, etc. Please specify which **child**.


Does your child(ren) have any medical or special needs, including medications currently being used?

No\_\_ Yes\_\_ If YES, please explain \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Dentist's Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Last tetanus shot \_\_\_\_\_

Name \_\_\_\_\_ Last tetanus shot \_\_\_\_\_

Name \_\_\_\_\_ Last tetanus shot \_\_\_\_\_

Name \_\_\_\_\_ Last tetanus shot \_\_\_\_\_