

H2O Scavenger Hunt

Saturday, March 28, 2009
1:00-5:00 p.m.

For 3rd and 4th Graders
Cost: \$15

Sign-up Deadline:
Sunday, March 12



(Keep top section for event details & drop off/pick up info)

H2O SCAVENGER HUNT

Sign-up Deadline: Sunday, March 12

Child's Name: _____

Male or Female: ____ Grade: ____ Age: ____

Birth-date: _____

Goes By: _____

Parent's Name(s): _____

Address: _____

City/State/Zip: _____

Home Phone: _____

Cell Phone: _____

Parent's E-mail: _____

Additional Info: _____

(Anything we should know to ensure your child has a safe and enjoyable experience)

Call me. I can help!

Please accept my donation of \$ _____ to help sponsor children for this or other ministry events.

PAYMENT: ____ \$15 PD Cash/Ck # _____

EMERGENCY AUTHORIZATION ON BACK

H2O Scavenger Hunt

Hey Kids! Join us for our awesome scavenger hunt! This year we're takin' it to the streets along with searchin' the church! Come join us for a day of clue finding and good deed doing!

The cost for the event includes a T-shirt. The registration deadline is Thursday, March 12th in order to make sure we have a t-shirt and enough seats for everyone.

For more information contact Jennifer Barnes at 392-4582 or jbarnes@asburytulsa.org.

Parental Consent and Authorization for Emergency Care to a Minor

I/We, the undersigned, parent(s) or legal guardian of the minor listed:

Child's Full Name: _____

Do hereby give permission for our/my child to ride in any vehicle driven by an approved licensed adult chaperone while attending and participating in activities sponsored by Asbury UMC. Our/my child and I understand that, without exception, SEAT BELTS SHALL BE WORN AT ALL TIMES. I/We do also allow Asbury UMC to take and/or use photographs, voice, video or digital tapes of the child/children. I/we understand that said minor should not attend activities when knowingly ill or recently exposed to a contagious disease. If said minor becomes ill or injured while in the care or under the supervision of Asbury UMC, any of its staff or volunteers, I authorize said minor to receive first aid and other emergency care. I do hereby authorize any x-ray examination, anesthetic, dental, medical or surgical diagnosis or treatment by any licensed physician or dentist and/or hospital service that may be rendered to said minor under the general, specific or special consent of the Asbury UMC staff or volunteer, the temporary custodian of said minor. I/We authorize the physician or dentist to call in any necessary consultant at his/her discretion. It is understood that this consent is given in advance of any specific diagnosis or treatment being required, but is given to encourage those persons who have temporary custody of said minor, and said physician or dentist, to exercise his/her best judgment as to the requirements of such diagnosis or the medical, dental or surgical treatment. The undersigned shall be liable and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered.

I have read the Parental Consent and Authorization for Emergency Care and give my consent for my child/children.

Parent/Guardian (Print): _____

Date: _____ Signature: _____

Emergency Phone #(s): _____