

God & Me / God & Family Scouting Award

Thursday, March 26 - May 7, 2009
6:00-8:00 pm in 5.6 Room

(No class April 9 due to Holy Week)

*God & Me is for Boy & Girl Scouts
in 2nd & 3rd Grade
God & Family is for Boy & Girl Scouts
in 4th & 5th Grade*

Cost: \$30

(includes workbook, all program supplies,
and award medalion)

AWARDS CEREMONY

Thursday, May 14

6:30pm in Mason Chapel

(Keep top section for event details)

God & Me/God & Family Scouting Award

Thursday, March 26 - May 7, 2009

Child's Name: _____

Goes By: _____

Male or Female: _____ Grade: _____ Age: _____

Birth-date: _____ Troop/Pack# _____

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: _____ \$30 PD Cash/Ck# _____

God & Me/God & Family

We are excited to offer these two programs
for Boy and Girl Scouts that fulfill
requirements for the "God and Me" and
"God and Family" awards.

Both programs will start on Thursday
evening, March 26 and run for six weeks of
lessons. All scouts will start in the 5.6 room
and break into groups from there.

The \$30 cost includes their workbook,
all program supplies, and their
award medallion.

For more information contact
Kim Broadhurst at 392-1165 or
kbroadhurst@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): _____