

End summer boredom! Join St. Paul for  
fun filled day trips better known as...

## **Terrific Tuesdays and Wonderful Wednesdays/Thrilling Thursdays.**

Terrific Tuesdays are for children who have completed grades 1, 2, 3.

Wonderful Wednesdays/Thrilling Thursdays are for children who have completed grades 4 and 5.

The St. Paul bus will be the means of transportation for each group.

Check out this summer's schedule and sign up as soon as possible, by calling Susan at 706-327-7419,  
ext. 201.

Everyone who participates must have a signed permission form.

The permission form is available on line at

<http://www.stpaulunitedmethodist.org/Childrens%20Ministry.html>

If you need more information contact Grace Bailey, [spumc-dce@knology.net](mailto:spumc-dce@knology.net) or 706-327-7419, ext. 207.

**St. Paul United Methodist Church  
Terrific Tuesdays – 2008**

(Children who have completed Grades 1, 2, 3)

**PARENTS:** Call the Church Office (706 327 7419, Extension 201) to reserve a space for your child for each event.

Everyone must have a permission form signed by their parent before participation.

*Send a sack lunch for all events except bowling.*

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|----------------|--|
| <b>June 3</b>  | <b>Westville</b><br>9:00 a.m. – 3:00 p.m.<br>Cost - \$7.00   |
| <b>June 10</b> | <b>Bowling and lunch</b><br>9:30 a.m. – 2:00 p.m.<br>Cost - \$12.00                                    |
| <b>June 17</b> | <b>Callaway Gardens</b><br>(Swimming, don't forget a towel)<br>9:30 a.m. – 5:30 p.m.<br>Cost - \$15.00 |
| <b>July 1</b>  | <b>Blueberry Picking</b><br>9:30 a.m. - 1:00 p.m.<br>Cost - \$8.00                                     |
| <b>July 8</b>  | <b>Montgomery Zoo</b><br>9:30 a.m. – 4:00 p.m.<br>Cost - \$8.00  |
| <b>July 22</b> | <b>Columbus and Naval Museums</b><br>10:00 a.m. - 2:30 p.m.<br>Cost - \$5.00                           |
| <b>July 29</b> | <b>Pine Mountain Animal Park</b><br>10:30 a.m. – 3:30 p.m.<br>Cost - \$15.00                           |

*See next page for Wonderful Wednesdays/Thrilling Thursdays*

**St. Paul United Methodist Church**  
**Wonderful Wednesdays/Thrilling Thursdays – 2008**  
(Children who have completed Grades 4 and 5)

**PARENTS: Call the Church Office (706 327 7419, Extension 201) to reserve a space for your child for each event.**

**Everyone must have a permission form signed by their parent before participation.**

**Send a sack lunch for all events except bowling and ice skating.**

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|---------------------------|--|
| <b>June 5 (Thursday)</b>  | <b>Ice Skating and lunch<br/>and Montgomery Museum of Fine Arts<br/>Eastdale Mall, Montgomery<br/>9:30 a.m. – 5:00 p.m.<br/>Cost - \$10.00</b> |
| <b>June 12 (Thursday)</b> | <b>Bowling and lunch<br/>9:30 a.m. – 2:00 p.m.<br/>Cost - \$12.00</b>  |
| <b>June 18</b>            | <b>Stone Mountain<br/>9:30 a.m. – 10:00 p.m.<br/>Cost - \$25.00 (evening meal included in cost)</b>  |
| <b>July 2</b>             | <b>Fun In The Kitchen<br/>Making baked goods for the shut ins<br/>10:00 a.m. – 2:00 p.m.<br/>Cost - Free</b>                                   |
| <b>July 9</b>             | <b>Little White House<br/>9:30 a.m. – 3:30 p.m.<br/>Cost - \$10.00</b>   |
| <b>July 23</b>            | <b>Atlanta Zoo<br/>9:00 a.m. – 6:00 p.m.<br/>Cost - \$20.00</b>  |
| <b>July 30</b>            | <b>Auburn Water Park<br/>9:00 a.m. - 6:00 p.m.<br/>Cost - \$20.00</b>  |

*See previous page for Terrific Tuesdays*

**St. Paul United Methodist Church  
Youth and Children's Event Registration**

**Conduct Agreement**

I agree that my child or youth will abide by the rules as set forth by the program staff, chaperones, and counselors of St. Paul United Methodist Church, as well as any additional rules made by program staff, chaperones, and chaperones associated with St. Paul United Methodist Church. In the event that my child, disregards the rules set forth by the program staff, chaperones, or counselors of St. Paul United Methodist Church, he or she will be subject to removal from this event.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

I understand and agree to follow all rules and schedules set forth by the program staff, chaperones, and counselors of St. Paul United Methodist Church. I also understand that if I fail to follow these rules, that I will be asked to leave this St. Paul United Methodist Church sponsored event.

Youth/Child Signature \_\_\_\_\_ Date \_\_\_\_\_

**Liability Release Agreement**

I give permission for \_\_\_\_\_ to participate in this St. Paul United Methodist Church sponsored event. I understand that all youth and children's events may involve certain risks of physical activity and possible injury and that St. Paul United Methodist Church, its program staff, and volunteers will provide each participant with reasonable care, but that St. Paul United Methodist Church cannot guarantee that my child will remain free of injury. I nonetheless wish to have my child participate in this activity and ASSUME THE RISK of participating. I agree to RELEASE from LIABILITY, INDEMNIFY and HOLD HARMLESS St. Paul United Methodist Church, and their officers, employees and agents (hereinafter the RELEASEES) from any and all claim and/or cause of action arising out of and related to any injury, loss, penalties, damage, settlement, costs or other expenses or liabilities that occur as a result of my child's participation in this St. Paul United Methodist Church sponsored event. This release, however, is not intended to release the above-mentioned RELEASEES from liability arising out of their sole negligence.

In the event that \_\_\_\_\_ becomes ill or is injured during participation in this St. Paul United Methodist Church sponsored event my signature indicates my permission for him/her to be treated by a physician, hospital and/or medical clinic.

\_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

*This form must be signed by the parent or guardian or the adult participant.*

\_\_\_\_\_  
Signature of Notary Public \_\_\_\_\_ Date \_\_\_\_\_

**St. Paul United Methodist Church  
Children's and Youth Medical Release Form**

Full Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Nickname \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone Number \_\_\_\_\_ E-mail \_\_\_\_\_

**Parent or Guardian Information**

Please include area code with all telephone numbers

Mother \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_  
Father \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

**Next of kin or other responsible adult**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Work # \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_  
Physician's Name \_\_\_\_\_ Work # \_\_\_\_\_

**Health Insurance Information**

*Please fill in the information below and attach a clear photocopy of your health insurance card.*

Health Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_  
Agent \_\_\_\_\_ Work # \_\_\_\_\_

**Health Information**

Allergies \_\_\_\_\_  
\_\_\_\_\_

Recent illness or injuries \_\_\_\_\_

Medications you will be bringing \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there any other health conditions which we need to know about? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of last tetanus booster \_\_\_\_\_