



*Wonderful Wednesday Kids. . . .
Here We Go!!!*

Remember...

Here are the trips and times:

*****NOTE THE PICK UP TIMES PLEASE*****

July 7	Locomotion, Fayetteville	9:00-2:30	\$20
July 14	Bowling, Pizza, Movie	9:00-2:30	\$10

Excursion Permit

I, the undersigned parent of _____, give permission for my child to participate and travel with First United Methodist Church. I do assume all the risks and hazards incidental to the excursions and do hereby release, absolve, indemnify and hold harmless First United Methodist Church, its workers, and program organizers. In the event of illness or accident which requires immediate medical treatment at a time when a parent cannot be located, I give permission for the church to provide such treatment to the best of their knowledge and abilities at my expense. I will not hold First United Methodist Church, its staff or volunteers, or medical personnel responsible.

PARENT OR GUARDIAN SIGNATURE

DATE

Permission to receive medical treatment

Signed _____ (parent) Date _____

Name of insurance company _____ Policy # _____