

**Kingdom Kids**: **Summer 2016 Registration**

Summer activities will be on Tuesdays from June 7th—July 26th. Times will be determined per event. The following is a tentative calendar. More information will be coming with emails and bulletin announcements.

Registration forms due by May 25th to ensure T-shirt availability.

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| **TENTATIVE Kingdom Kids Calendar** |
| June 7th  | OKC Zoo |
| June 14th  | W.R. Gym/ Multi Arts Center |
| June 21st  | W.R. Gym/Christian Villa |
| June 28th  | Boomer Lake Litter Pickup/ Splash Pad |
| July 5th  | W.R. Gym/ Community Helpers |
| July 12th  | Humane Society/ Bowling or Movie |
| July 19th  | Mission of Hope, Our Daily Bread & Swimming |
| July 26th  | Natural History Museum |

Family name: Click here to enter text.

Child’s name: Click here to enter text.

Grade(s) just finished: Click here to enter text. Phone: number(s) Click here to enter text.

Food allergies? Click here to enter text.

Email: Click here to enter text.

T-Shirt size YXS[ ]  YS[ ]  YM[ ]  YL[ ]  YXL [ ]  AS[ ]  AM [ ]  AL[ ]

**\*Parents please have children wear shirts to events to aid in chaperone’s monitoring and children’s safety. Medical forms can be turned in to Karen.**

AUTHORIZATION FOR MEDICAL CARE OF A MINOR – 201

# *Stillwater church of Christ - 821 N Duck Stillwater, OK 74075*

I, Click here to enter text. , the undersigned parent or legal guardian of

 (Parent’s Name)

Click here to enter text. (Youth’s Name)

do hereby authorize Karen Strande, or any other adult sponsor for the Stillwater Church of Christ, to consent to any x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care to be rendered to the above named minor, under general or special supervision and upon the advice of a physician, surgeon or dentist.

In giving this consent I recognize and understand that in situations where the above named minor requires immediate medical or hospital care, it may not be possible to contact me and that in such situations I will not be able to knowledgeably evaluate and choose among the available alternative treatments or procedures, if any, or to evaluate the risks attendant upon each and the risks attendant to foregoing all treatment; in such situations, I authorize a physician, surgeon or dentist to exercise his professional judgment and assess the risks incident to and choose the necessary treatment from any available alternatives and to render such care and perform such treatment as he, in his professional judgment, determines to be necessary for the health or safety of the above named minor. I release Jake Perkins and/or adult sponsors from any liability.

DATE:Click here to enter text.SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Parent or legal guardian)

ADDRESS: Click here to enter text.

CITY:Click here to enter text. STATEClick here to enter text. ZIP:Click here to enter text.

HM PHONE:Click here to enter text. WK PHONE: Click here to enter text.MOBILE: Click here to enter text.

HEALTH INSURANCE COMPANY: Click here to enter text.

POLICY #: Click here to enter text.

## TREATMENT INFORMATION

Minor’s Birthdate:Click here to enter a date. Date of last tetanus shot: Click here to enter a date.

Minor’s Doctor (Name & Phone #): Click here to enter text.

Minor’s Allergies: Click here to enter text.\_

Medicine Minor is Taking:Click here to enter text.

Minor’s Medical History: Click here to enter text.