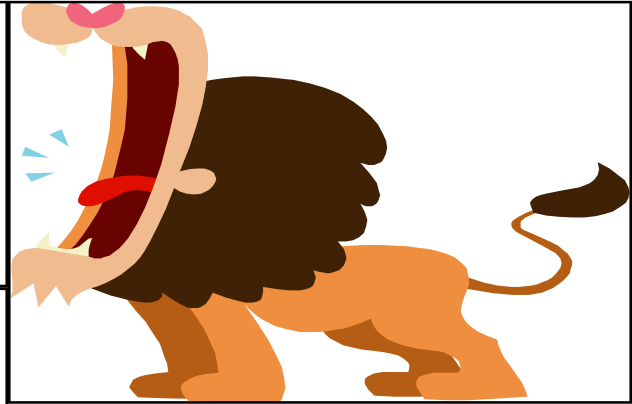


WILD ON WEDNESDAYS JUNE 2018

St. Paul's Lutheran Church
10600 N. Council Road Oklahoma City, OK 73162
www.stpaulsokc.com (405) 721-0590



Wild on Wednesdays the month of June 2018!

Children potty-trained thru 5th grade are welcome to attend without an adult.

Children do not have to be potty-trained if accompanied by an adult.

A Wild On Wednesday includes an organized trip to the

OKC Zoo in Oklahoma City

June 6th 8:00am - 3:00pm

Adventure Quest & Leonardo's Museum in Enid

June 13th 8:00am - 3:30pm

Chester's Party Barn and Farm in Piedmont

June 20th 8:00am - 3:00pm

Jasmine Moran Museum in Seminole

June 27th 8:00am - 3:30pm

Check in is between 8-8:15am. Opening begins promptly at 8:15am each morning.

THE BUSES WILL LEAVE AT 9:00AM EACH WEEK!!!

Pick up is no later than 3:00pm or 3:30pm on the days we travel longer distances.

Drop off and pick up will be in the Activity Center (north doors)

Bring a sack lunch and a drink. Snacks and drinks will be provided during the trip.

For your child's safety, we ask that EVERYONE wear their WOW t-shirt each week.

FREE WOW T-shirts will be given out to all participants starting on Wednesday, June 6th.

WOW forms can be found on www.stpaulsokc.com or **St. Paul's Lutheran Church Facebook page**

SAVE both registration & medical forms and e-mail completed forms to
youth@stpaulsokc.com or fax to (405)722-6416

You can pick up, mail, or drop off your forms at the front reception desk
located through the west main doors Mon.-Thurs. from 9:00am-2:00pm.

Registration deadline is by Monday, May 7th.

T-shirt order will be submitted on Tuesday, May 8th.

Friends are welcome to attend. Remember to enroll EARLY to secure a place!!!

If you aren't able to attend a WOW event for which you are registered,
please text Risa at #405-570-4616 with the names of those not planning to attend.

WK _____

CDO _____

Office Use Only

Office Use Only

Wild on Wednesdays 2018 Registration Form



(ONLY ONE PARTICIPANT PER FORM. THANK YOU!)

Participant's Name: _____

Parent/Guardian Name: _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____

E-mail address: _____

Adult (18 yrs. and up) _____ Senior Citizen _____ Child _____ Age of Child _____ M _____ F _____

Birthdate of Child (m/d/y): _____ (Children only) Last school grade completed: _____

If you would like to be in a group with a friend or relative, please list on line below. Thank you!

T-Shirt sizes: Toddler: 2T _____ 3T _____ 4T _____

Youth: X-Small (2-4) _____ Small (6-8) _____ Medium (10-12) _____ Large (14-16) _____

Adult: Small _____ Medium _____ Large _____ XL _____ XXL _____ XXXL _____

Person responsible for picking up this child at the end of Wild On Wednesday:

Name: _____

Telephone number: _____

Signature of parent/guardian: _____

PLEASE MAKE SURE YOUR CHILD WEARS TENNIS SHOES AND NOT FLIP FLOPS ON TRIPS!

**IF YOU AREN'T ABLE TO ATTEND A WEEK OF WOW,
PLEASE TEXT 405-570-4616 WITH NAMES OF THOSE NOT ATTENDING.**

Please check the event(s) you will be attending:

June 6 OKC Zoo in Oklahoma City _____

June 13 Adventure Quest and Leonardo's Museum in Enid _____

June 20 Chester's Party Barn and Farm in Piedmont _____

June 27 Jasmine Moran Museum in Seminole _____

**Check-In is from 8:00-8:15am. Opening begins each week at 8:15am.
Pick-up is no later than 3:00pm for each event unless specified later.**

PLEASE COMPLETE THE HEALTH AND EMERGENCY FORM ON BACK! THANK YOU!

EMERGENCY INFORMATION AND MEDICAL AUTHORIZATION

_____ Full Name of Child , Youth, or Adult

_____ Address _____ City _____ Zip Code

_____ Medical Insurance Company _____ Policy Number or Group Number

Medical Conditions: _____

Allergies: _____

Current Medications: _____

PERSON (S) TO CONTACT IN AN EMERGENCY:

_____ Name _____ Home telephone _____ Work/Cell telephone

_____ Home Address _____ (Mailing Address if different from Home)

Alternate Person To Contact:

_____ Name _____ Home telephone _____ Work/Cell telephone

_____ Home Address (Mailing Address if different from Home)

PERMISSION FOR MEDICAL TREATMENT

In the event of a medical necessity or emergency, I hereby authorize the adult representative of St. Paul's Lutheran Church or adult Sponsor for any church event to make any necessary arrangements for the proper medical or surgical care of the above named child, and to give the required consents in connection therewith. I further authorize any medical, dental and/or emergency personnel selected by such adult representative or Sponsor to secure and provide necessary and proper medical treatment for the care of my child.

I understand that I will be notified as soon as possible in the event that an emergency arises requiring medical assistance.

_____ Parent/Guardian Signature _____ Date