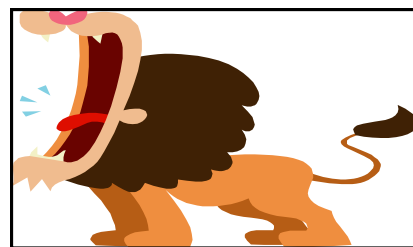


# WILD ON WEDNESDAYS 2025

St. Paul's Lutheran Church  
10600 N. Council Road, OKC 73162  
405-721-0590      [www.stpaulsokc.com](http://www.stpaulsokc.com)



## Wednesdays in June!

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.

**Anyone Gr. 6+ can be a Junior guide or Adult leader of an animal group.**

**June 4th 8am - 3pm**  
**OKC Zoo—OKC**

**June 11th 8am - 3pm**  
**Science Museum Oklahoma—OKC**

**June 18th 8am - 3:30pm**  
**Leonardo's Children's Museum & Adventure Quest—Enid**

**June 25th 8am - 3:30pm**  
**Jasmine Moran Museum—Seminole**

Drop off and pick up will be in the Activity Center (north doors)  
Check in is between 8-8:15am. Daily welcome begins at 8:15am .

**THE BUSES WILL LEAVE BY 9:00AM !!!**

Pick up at 3pm (3:30pm if traveling longer distances.)

Bring a sack lunch and a drink. Snacks and drinks will be provided during the trip. All participants will receive a free t-shirt & are required to be worn each week.

**Register at [www.stpaulsokc.com](http://www.stpaulsokc.com), email [youth@stpaulsokc.com](mailto:youth@stpaulsokc.com)**  
**or pick up/drop off forms at the church office located through**  
**the west doors Mon.-Thurs. 10am-2pm.**

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.

**ALL ADULTS MUST HAVE A CURRENT OSBI FORM ON FILE TO ATTEND!**

**Call 405-721-0590 from 9:30am-2:30pm to get a background check  
or to check the status of the background check.**

**REGISTRATION DEADLINE - Sunday, May 18th**  
**T-shirt order will be submitted on Monday, May 19th.**

JR. GUIDE \_\_\_\_\_

WK \_\_\_\_\_

CDO \_\_\_\_\_

Office Use Only

Office Use Only

Office Use Only

## Wild on Wednesdays 2025 Registration Form



**(ONLY ONE PARTICIPANT PER FORM. THANK YOU!)**

Participant's Name: \_\_\_\_\_

**Anyone 18 years of age and older must have an OSBI check on file/completed if attending any WOW event.  
Call the SPLC Church office from 9a.m.-2 p.m. to find out status or give information to fill out. #721-0590**

Parent/Guardian Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Adult (18 yrs. & up) \_\_\_\_\_ Senior Citizen(65yrs & up) \_\_\_\_\_ 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 4 OKC Zoo in Oklahoma City \_\_\_\_\_

June 11 Science Museum Oklahoma in Oklahoma City \_\_\_\_\_

June 18 Leonardo's Museum and Adventure Park in Enid \_\_\_\_\_

June 25 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!**

**WE ARE EXCITED TO BE WITH YOU AGAIN THIS JUNE!  
CONTACT YOUTH@STPAULSOKC.COM WITH ANY QUESTIONS.**

## **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