

# 4th and 5th Grade Schedule and Consent Form

SHAKE IT UP at the Praise Craze Café

Vacation Bible School

June 13-17, 2011

**“Daily Specials” are planned for those who have completed 4<sup>th</sup> & 5<sup>th</sup> grades.  
All participants must have parental consent to participate in off-site activities.**

## SCHEDULE:

9:00 a.m. Assembly in Fellowship Hall

9:30 a.m. Bible time

10:00 a.m. Snack

10:15 a.m. Daily Specials

*Monday-* Activities at the church and mission projects

*Tuesday-* Movie at the Capri Theater

*Wednesday-* Activities at church and rock climbing wall

*Thursday-* Outreach project away from the church

*Friday-* Slip-n-Slide Inflatables (Wear your swim suit  
under your clothes and bring a towel.)

11:55 a.m. Return to Fellowship Hall

## SIGN UP TODAY!

*Please return permission and consent form with VBS registration!!*

*Please include special activity fee (\$10.00) along with VBS registration fee (\$10.00) by May 15th.*

*Total amount due is \$20.00. Make checks payable to FUMC. Remember, rates go up after the  
May 15th deadline. Thank you!*

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## **VBS 2011 PERMISSION SLIP AND CONSENT TO MEDICAL TREATMENT**

We, the undersigned, are the parents, the parents having legal custody, or the legal guardians of: \_\_\_\_\_, a minor, and have given our consent for him/her to go with First United Methodist Church. In the event that he/she is injured while on the trip of the FUMC sponsored activity and requires the attention of a doctor, we consent to any medical treatment as deemed necessary by a licensed physician. In the event treatment is called for which a physician and/or hospital personnel refuse to administer without our verbal consent, and if we cannot be reached by telephone at one of the numbers listed below, or if, because of an emergency there is not time or opportunity to make a telephone call, then, one of the chaperones is hereby granted permission to give consent for us, and we agree to hold him/her and the church free and harmless of any claims, demands, or suits for damages arising from the giving of such consent as long as the treatment is administered by or under the supervision of a licensed physician.

Parents' Signatures: \_\_\_\_\_

Mom's Cell Phone #: \_\_\_\_\_ Dad's Cell Phone #: \_\_\_\_\_ Other Daytime Phone #: \_\_\_\_\_