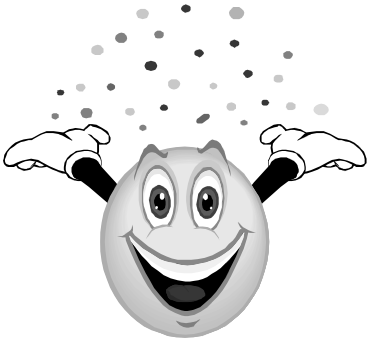

**LAKE HIGHLANDS UNITED METHODIST CHURCH**

# WOW WEDNESDAYS 2008

Wednesdays July 9,16, 23, 30

**9:00 a.m. - 3:00 p.m.**

***For children entering third grade through sixth***

**$90.00 Registration Fee**
(includes t-shirt & snack)

Please attach check to form
**Make check payable to: LHUMC-WOW**

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*For office use only:*

Fee Pd. ____ Date _____

Child's Name _____ Sex: M ☐ F ☐

Birthdate: _____ / _____ / _____ Grade Entering in Fall: _____ School Child Attends: _____

Parents' Names: _____ _____
Mother Father

Hm. Phone: (_____)_____ Parent E-mail: _____@_____

Mom's Wk.: (____)_____ Cell: ( _____)_____ Dad's Wk.: (_____)_____ Cell: (_____)_____

Address: _____ Apt. # _____ City: _____ Zip: _____

Church: LHUMC _____ Other: (Please List Name) _____

Please mark child's t-shirt size: ☐ **Y/Med** ☐ **Y/Lge** ☐**A/Sm** ☐ **A/Med** ☐ **A/Lge**

## MEDICAL INFORMATION: (Must be completed in full)

_____Phone: (_____)_____
Name & address of child's physician

_____Phone: (_____)_____
Name & address of hospital preferred

Allergies or health problems of child: _____

_____

**In case of emergency, please list name of person to contact if parents cannot be reached:**

_____Phone: (_____)_____
Name & Relationship

If my child becomes ill or is injured, I authorize Lake Highlands United Methodist Church, WOW Wednesdays and its staff to obtain emergency medical treatment, and I hereby release said church from liability for action taken pursuant of this release.

_____ _____
Signature of Parent or Guardian Date

***If child brings a *guest* you must register them 48 hours prior to event along with friends payment of $15 per event***

**LAKE HIGHLANDS UNITED METHODIST CHURCH**
**Street Address: 9015 Plano Road at McCree • Dallas, Texas 75238**
**Mailing Address: P.O. Box 551389 • Dallas, Texas 75355**

**For more information, call Debbie Davis 214-348-6600 or access our website at www.lhumc.com**