

**PARENTAL AUTHORIZATION TO
CONSENT TO MEDICAL TREATMENT**

(Print name of "MINOR" attending ACTION Club.)

(Print name of PARENT or Legal Guardian)

In case of emergency, every effort will be made to contact a **PARENT** or guardian of the **MINOR** named above.

The above named **PARENT** of the **MINOR** has entrusted the **MINOR** into the care of the ACTION Club, while the **MINOR** participates in an activity sponsored by the ACTION Club, and for the welfare of the **MINOR**.

The **PARENT** does hereby authorize the ACTION Club directors to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the laws of the State or county in which the medical care is being sought and on the medical staff of any hospital.

It is understood that this authorization is given in advance of any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care being required but is given to provide authority and power on the part of the ACTION Club to give specific consent to any and all such examination, anesthetic, diagnosis, treatment, or hospital care which the aforementioned surgeon, or physician in the exercise of his/her best judgment, may deem advisable.

The **PARENT** hereby authorizes any hospital which has provided treatment to the **MINOR** to surrender physical custody of the **MINOR** to the ACTION director upon completion of the treatment.

The **PARENT** hereby agrees to fully pay all costs of medical or dental care incurred for the **MINOR** by the ACTION Club under this authorization. **This authorization will remain effective through August, 2010.**

PARENT or Legal Guardian's signature

Date

Des Moines Gospel Chapel
P.O. Box 98247
Des Moines, WA 98198

September 29, 2009 - April 27, 2010!

For Boys & Girls - Grades 3-6

Every Tuesday from

6:55 - 8:30 pm

at Des Moines Gospel Chapel

21914 7th Ave. South

Kids may be dropped off

after 6:45 pm




ACTION CLUB

ACTION CLUB is for boys and girls in **grades 3-6**. If your kids are interested in great games, learning new skills and experiencing exciting group learning activities, then **ACTION** is just the place for them.


WHAT HAPPENS AT ACTION CLUB?

◆ ACTION TIME




A fast-paced game time in our church gym. This fully supervised period is a favorite time for kids who enjoy games that allow children of all skill levels to participate and have fun. Boys and girls also have opportunities for woodworking projects, crafts, or physical skills development. By the end of the school year each child will have been exposed to a variety of learning experiences designed to develop skills and character. Often they will end the year with several nice projects that they have made themselves.

◆ SQUAD TIME



In a squad of 4-8, under the supervision of a caring Christian adult, kids are given time to report on their progress in the ACTION book. The ACTION book is a self-paced guide that includes memorization of Bible verses, a fill-in-the-blank study guide on portions of the Bible, and character and skills development check lists. Awards are given as each child advances.

◆ CLUB TIME



This high-energy wrap-up of the evening includes singing, awards, and a Bible challenge given by a gifted children's speaker.

There are also special weeks where fun outings or an extra activity is planned. If all of this sounds interesting for your child, start planning to get into ACTION soon!

**Tuesdays
6:55 - 8:30
Drop kids
off AFTER
6:45**

◆ CLUB DUES – \$15.00

There is a one time annual fee of \$15.00 per child. This pays for a small portion of the costs in running ACTION. Club dues should be turned in with the registration form by the second night your child returns to ACTION club. (Scholarships are available by request.)

◆ REGISTRATION

A registration and medical release form (attached) must be completed by a PARENT or legal guardian for each child. Registrations must be turned in by the second evening of club attendance. Visitors are always welcome for a one night visit to check out the program.

◆ DES MOINES GOSPEL CHAPEL

DMGC has been on the present site at **7th Avenue and 219th** for over **50 years**. This fellowship is non-denominational and views the **Bible as God's Word & Jesus Christ as Lord**.

For more information, call the office at (206) 878-2145.

**OFFICE HOURS
9:30 am – 3:30 pm
Monday through Friday**



ACTION CLUB REGISTRATION

Please complete **BOTH SIDES** of this form **EACH** child attending ACTION. Forms for additional family members are available through the church office.

Child's Name _____

Address _____

City _____ Zip _____

Phone _____

Alternate phone number in case of emergency:

Email _____

Birthdate _____

Grade in Fall of 2009 _____ (Circle one): M / F

Name of a friend your child would like to be in a squad with?

Insurance Provider _____

Policy # _____

List any current illnesses or medical conditions:

What drugs, if any, is your child allergic to?

Date of last tetanus shot? _____

Any restrictions to swimming?

Any dietary or other activity restrictions?

