

WASS UP?

August 10, 2010

Volume 11, Issue 16



OOPS! AUGUST BIRTHDAYS

The August birthdays didn't get published in time for you to wish Seamus and Jackson "Happy Birthday". Sorry:(

Here's the official list:

08-01	Seamus Flannery
08-04	Jackson Dennis
08-19	Tre Norfleet
08-23	Ashley Roberts

August 15, 2010—



6:00 to 8:00
UMYF at the
Wesley House
Youth Council
Elections

August 22, 2010—

6:00 to 8:00 @ Wesley House
Minute to Win It

August 29, 2010—

9:45 to 10:45
Confirmation meeting w/ parents
Fellowship Hall

August 29, 2010—

6:00 to 8:00
@ Wesley House
CSI: Jerusalem

September 5, 2010 —

Labor Day weekend
No UMYF



...to a youth
group near you

Have you seen *Minute to Win It* on TV? If not, you should watch it before August 22. Bone up on your skills.. It's competition time! There will be prizes and laughter involved. (especially laughter)

August 29 *CSI: Jerusalem* is a murder mystery. Come, if you're brave enough!

Friends are always welcome.

Also, on August 29, we will begin a new year of Confirmation. If you are in grades 8-12 and have not been in Confirmation, you will receive a letter.

NOTE:

**2010-2011 PERMISSION SLIP IS
REQUIRED FOR YOUTH TRIPS →**

**PERMISSION SLIP FOR
ST. MARK'S UNITED METHODIST CHURCH
YOUTH EVENTS**

NAME OF YOUTH _____

Address _____ Zip _____

I give my permission for St. Mark's United Methodist Church to transport my child to all youth activities that may be held off of the church premises during the 2010 -2011 Youth Ministry year. I understand that responsible adults from the church will drive my child to the activity.

Signature: _____ **Date:** _____

Should emergency medical treatment be necessary and I cannot be reached, I authorize any of the adult youth workers to act on my behalf to approve appropriate medical treatment for:

Name of Youth: _____

I hereby release St. Mark's United Methodist Church and its representatives of any liability for emergency, injury, or death while in transport to and/or participation in a church-sponsored activity. I understand I am responsible for expenses incurred in an emergency involving my child.

Signature: _____ **Date:** _____

Parent/ Guardian Phone: _____ Cell: _____

Emergency contact (other than parent): _____ Phone: _____

Physician's name and phone number: _____

Insurance Carrier: _____ Policy # _____

Allergies and other conditions of which adult youth workers should be aware: _____

Permission to use photos on line and in publications? Yes No (please circle and initial) _____

Permission to give over the counter medication? Yes No (please circle and initial) _____