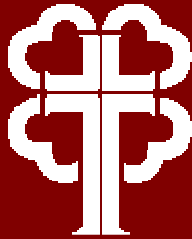


A service event for youth in 6th-12th grade and adult chaperones who want to serve with them!



MERAMEC BLUFFS LUTHERAN SENIOR SERVICES

This is a time for us to come together and go to Meramec Bluffs retirement center to share in song, devotion, and fellowship with other generations of God's people!

We will do this the first Monday of every month! The first opportunity is April 6th.

Meet at Cornerstone at 6pm. We will be back to St. John by 8:30pm.

RSVP to Pastor Will by the Sunday prior to the event.

This event is planned by the Outer Rim Servant Leadership Group. Contact Pastor Will at whanke@stjstl.net or 314.223.1352.

Parents, if you would like to help drive please let Pastor Will know!

MERAMEC BLUFFS SERVICE EVENT 2009-2010

(PLEASE PRINT)

Name: _____ Home Phone: _____

Street Address: _____ Birth Date: _____

City, State & Zip: _____ Grade: _____

Email: _____ Allergies: _____

**Register with this form for so you will have parent permission to
attend all Meramec Bluffs Service Projects.**



Parental signature required on the reverse side of this form.
(over)

I, the undersigned, parent/legal guardian, do hereby give permission for

_____ (child's name),
a minor, to attend Meramec Bluffs Service Events any date they are available between April 6th, 2009 to August 2010. I authorize St. John Lutheran Church Youth Ministry as agent for the undersigned to consent to any X-ray, examination, anesthetic, medical or surgical diagnosis, or treatment and hospital care or service, which is deemed advisable and is to be rendered to said minor, under the general or specific supervision of any physician and surgeon licensed, or the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being rendered, but is given as specific consent to any and all such diagnosis, treatment, or hospital care which the physician, in the exercise of his/her best judgment, may deem advisable to protect the life and health of said minor child.

Parent/Legal Guardian Name (please print) _____

Signature: _____

Home/Mobile Phone _____

Emergency Contact Information:

Name: _____

Relationship: _____ Phone: _____