

# THE 45's

45's Registration  
Fall 2015 (Aug. 16th - Dec. 13th)  
Sundays, 5:00 - 7:00pm  
Registration Fee \$15/child, \$25 max/family

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Church Member? \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Parent's Names: \_\_\_\_\_

Parent's Cell Phone Number(s): \_\_\_\_\_

The 45's is a covenant discipleship group for all current 4th and 5th graders who are interested in learning more about Christ through study, activities, games, and much more! As quoted by a parent, "the 45's is a high energy program with an injection of Christ." The 45's group is held on Sunday evenings from 5 - 7pm. There is 30 minutes for dinner, 30 minutes for prayer/study, and 1 hour for games.

Simpsonwood UMC  
4500 Jones Bridge Circle  
Norcross, GA 30092  
770-441-2181

contact Bryan Coats at the church for more info

COME JOIN US ON THE  
ADVENTURE OF FAITH!

# (45's Schedule – Fall 2015) – Schedule Can Change

Date	Lesson	Extra
Aug. 16, 2015	Lesson #1	
Aug. 23, 2015	Lesson #2	
Aug. 30, 2015	Lesson #3	
Sept. 6, 2015	<i>No 45's</i>	<i>Labor Day Weekend!</i>
Sept. 13, 2015	Lesson #4	
Sept. 20, 2015	Lesson #5	
Sept. 27, 2015	Lesson #6	
Oct. 4, 2015	Activity Day #1 (Laser Tag)	
Oct. 11, 2015	Lesson #7	
Oct. 18, 2015	Lesson #8	
Oct. 25, 2015	Lesson #9	
Nov. 1, 2015	Activity Day #2 (Bowling)	
Nov. 8, 2015	Lesson #10	
Nov. 15, 2015	Lesson #11	
Nov. 22, 2015	Lesson #12	
Nov. 29, 2015	<i>No 45's</i>	<i>Happy Thanksgiving!</i>
Dec. 6, 2015	Lesson #13	
Dec. 13, 2015	Lesson #14	

*\*Schedule is subject to change\**

## Emergency Medical Release Form

I hereby give permission for \_\_\_\_\_ to participate in the United Methodist enterprise ("enterprise") for which he/she is enrolled, and do not hold the enterprise or the **Simpsonwood United Methodist Church**, any of their representatives, staff or officers (to include officers, etc. of enterprise) responsible for sickness, injury or death resulting from any physical unfitness of my child to participate in the enterprise activities. In case of medical emergency, I understand every effort will be made to contact a family member. The information provided on this registration form regarding my/my child's medical history and condition is complete and correct to the best of my knowledge. In the event I cannot be reached, I hereby give permission to the physician selected by the **Simpsonwood United Methodist Church** staff, representatives, or officers to hospitalize, secure proper treatment for, and to order injections, anesthesia or surgery for me/my child, as named above. Lastly, any expenses incurred under the above will be borne by the child's family. The church is not responsible for anything that may happen as a result of false medical or personal information given at the time of enrollment.

Additional contacts in the event you cannot be reached:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Physical Limitations or Allergies (circle one): \_\_\_\_\_ Child's Name: \_\_\_\_\_

Physical Limitations or Allergies (circle one): \_\_\_\_\_ Child's Name: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

I hereby grant permission to any hospital to administer treatment to my child in the event of an emergency at which time I cannot be reached. I give consent to transport by ambulance or care if warranted.

Pictures may be taken of the individual for use in publicity of  
Simpsonwood United Methodist Church: (circle one) yes or no

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

NOTARY PUBLIC