

Singing, Signing, and Tone Chimes Workshop "2010"

Saturday, July 17, 9:30AM - Noon

**COME EXPLORE singing, American Sign Language, and
ringing tone chimes!**

Students entering grades 1 through 3 are invited to join us as we experience singing some fun and simple worship songs using hand signs. We will also explore making music with tone chimes by playing simple chords and melodies. Director Susan Johnson will prepare participants to present a song for use in worship on Sunday, July 18 at the 10:30am service.

Sound like fun? It will be! *So complete this form (don't forget the back) and return it to the Summer Music registration box (or Dan Hibbett's mailbox) in the church office by July 1. Space is limited to the first 20 registrants so don't delay.* There are no fees or tuition. This is a free workshop!

Name: _____

Address: _____

Phone: _____ **Grade in Fall 2010** _____

Home Church: _____

I would like to be in a group with _____

Reverse must be filled out and signed.

(This event is free to all participants thanks to a gift from the Merrill Family Foundation.)

If you have questions, contact
Dan Hibbett, 503-246-2325, x19.
dan@stlukechurch.com

Additional forms are available in the church office.

St. Luke Lutheran Church Permission Slip and Medical Consent Form

I give my son/daughter, _____, permission to participate in the following St. Luke Lutheran Church event:

Event: Singing/Tone Chimes Workshop **Location:** St. Luke Lutheran Church
Dates: Saturday, July 17, 2010 **Time:** 9:30am - Noon

I, the undersigned, hereby authorize a representative of St. Luke Lutheran Church to consent to and authorize emergency medical, surgical, or dental treatment to my son/daughter _____, as considered advisable or necessary in the judgment of an emergency medical professional or attending physician.

Parent of Guardian: _____
(print name) (signature)

Date: _____

Personal and Emergency Contact Information

Address: _____
(street) (city) (state) (zip code)

Phone Numbers: _____
(home) (work) (cell/pager)

Emergency Contact: _____
(name) (relationship) (phone)

Medical and Insurance Information

Family Physician: _____
(name) (phone)

Health Insurance: _____
(company) (policy number) (group number)

(Policy holder's name) (customer service number)

Allergies: _____

Physical Limitations: _____

Medical Conditions: _____

Current Medications: _____

Additional issues you wish us to be aware of:

St. Luke Lutheran Church
6835 SW 46th Ave.
Portland, OR 97219
503-246-2325
www.stlukechurch.com