



TIME OUT for Christmas!

December 12th

Friday 5-9 PM



**TIME OUT for parents to go shopping,
TIME OUT for kids to have fun,
TIME OUT to celebrate Christmas...
the best gift of Jesus, God's Son!**



5:00-8:15 PM

Enjoy **3+ hours of FREE** time as a parent to Christmas shop or visit with friends while your kids play games, eat snacks and enjoy fun Christmas activities designed just for them.

8:20-9 PM

Families will enjoy a **LIVE stage show** where their children will become the 'STARS' in our Instant Christmas Pageant.

PRE-REGISTRATION

Pre-registration is required to insure good volunteer-to-child ratios, sufficient snacks and crafty activities for this TIME OUT event. Please pre-register at the AC3 Information Center or by email @ twila.allencreek@verizon.net.

You can also register online starting 11/1 @ www.ac3.org/kknews.htm.

Please contact Twila Crain @ 360-659-7335 with your event questions.

A FEW MORE DETAILS...

- 1) FREE Child Care: 5-8:15 PM. On-stage Christmas Program: 8:20-9 PM.
- 2) A signed Medical & Picture Release Form with parent and contact information will be required at the door. (See the back of this flyer)
- 3) Each family is asked to bring a snack to share such as a dozen cookies, grapes, veggie sticks or something to share with about 12 other children and adults.
- 4) **Optional:** Have your child bring a can or box of food to share with the Seeds of Grace Food Distribution Center in Marysville.

Plan now to take TIME OUT for Christmas and to celebrate this holiday season with family and friends. It is our desire to offer this TIME OUT Christmas event as a gift to our local community.

AC3 7414 44th Ave NE ~ Marysville, WA 98270 ~ 360-659-7335 ~ www.ac3.org

Allen Creek Community Church - AC3
✉ allen.creek@verizon.net ☎ 360-659-7335
Permission, Medical and Picture Release/Consent Form

Individual Event – TIME OUT for Christmas

Date _____

Name of Participant _____

Address _____

Phone # _____ Age _____ Birth Date _____

I recognize that efforts will be made to contact me in the event of an emergency. However, in the event that my child becomes ill or sustains an injury while on any authorized, volunteer staffed outing or event sponsored by AC3, I, the undersigned, give my permission to those in charge to take whatever steps necessary to stop any bleeding and administer first aid.

I also give permission for any medical treatment deemed necessary including diagnosis tests, treatment, medicine, hospital and dental care to be rendered under the general or specialized supervision of a duly licensed physician and/or surgeon.

I hereby agree to release AC3, it's staff and volunteers for any liability in the event of an injury or claim during an event.

Parent/Guardian(s) _____ Cell# _____

Parent/Guardian(s) _____ Cell# _____

2nd Contact Person(s) _____ Phone _____

Doctor _____ City _____ Phone _____

Insurance CO _____ Group/Policy # _____

CHECK ONE:

I give my permission to AC3 to include images of my children for this event on their website.

I DO NOT give my permission to AC3 to include images of my children on their website.

I understand that my child will need to follow basic rules and safety guidelines set up for this event.

Signature of Parent/Guardian _____ Date _____

I would be interested in finding out about other AC3 sponsored children's, family or parenting

events by email. Email _____

*Additional medical conditions, allergies or safety information we should know about your child:
(below and/or on back)*