

# Southern Missouri District 2009 Girls Ministries Retreat Registration

All information on BOTH the registration and health portion of this form must be fully completed and contain an authorized signature.

—DUPLICATE THIS FORM AS NEEDED—

PLEASE PRINT

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

Age of girl \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Church and City \_\_\_\_\_

Pastor's Approval \_\_\_\_\_

(signature)

OFFICE USE ONLY

Housing \_\_\_\_\_

Reg. Fee \_\_\_\_\_

Date Rec'd \_\_\_\_\_

DAISIES

PRIMS

STARS

FRIENDS

GIRLS ONLY

SPONSOR

## RETREAT TUITION

**Chartered Groups - \$50/person / Non-Chartered \$55/person**

**Registration due postmarked by May 20.**

**After May 20 add \$5/person.**

Mail this form with \$5.00 preregistration fee to:

Southern Missouri District Girls Ministries • 528 West Battlefield Road • Springfield, MO 65807

## Health Questionnaire -2009 Girls Ministries Retreat

*Southern Missouri District of the Assemblies of God*

(Form must be completed and signed by Parent or Guardian)

Girl's Name \_\_\_\_\_ Birth date \_\_\_\_\_

Girl's Social Security # (for insurance purposes) \_\_\_\_\_

Home Church \_\_\_\_\_ Pastor's Name \_\_\_\_\_

Does she have any of the following: *if yes, explain on line marked OTHER*

Heart Trouble  Lung Trouble  Appendix Removed  Diabetes  Stomach Trouble  Skin Trouble

Fainting Spells  Hernia  Kidney Trouble  Ear Trouble  Convulsions  Asthma

Allergies \_\_\_\_\_ OTHER \_\_\_\_\_

List medicines allergic to \_\_\_\_\_

Medications currently taking \_\_\_\_\_

Has camper been under medical care within the past three months? \_\_\_\_\_

If yes, what? \_\_\_\_\_

List camp activities forbidden to camper \_\_\_\_\_

As parent or guardian, **I have given permission to attend the GIRLS MINISTRIES RETREAT at the campground, and I hereby authorize and request** any medical doctor, medical clinic or hospital emergency room physician to administer such treatment and do any procedure in their judgment that may be necessary. I fully understand that the **CAMP INSURANCE IS SECONDARY COVER-AGE with a maximum benefit of \$5,000** per incident and that I will need to file on my own insurance first. I also understand; that the **CAMP INSURANCE COVERS ACCIDENTS ONLY** and that **I accept full responsibility for any charges related to causes other than accidents, or charges beyond the \$5,000 maximum of the camp insurance.**

Work Phone ( ) \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Registration: Begins at 1:00 pm on Friday; Dismisses 3:00 pm on Saturday

Bring: All girls and staff should bring bedding (sheets, pillow, blanket), personal hygiene items, Bible, spending money, and friends!

Camp Location: On the north shore of Lake of the Ozarks at Rocky Mt. MO; 10 miles south of Eldon, MO at the end of Highway Y.