

Every participant  
must submit this  
form.

# Girls Ministries 2017 Event Application

Select the event you are applying for:

- ☐ Teen Girls Encounter; February 17-18, 2017   ☐ Girls Camp; July 21-23, 2016  
☐ Girls Campout; Oct. 6-8, 2016

Church City		Church Name	
First and Middle Name			Circle One Girl   Sponsor
Last Name		Email Address	
Street Address			
City	State	Zip	
Birthdate (mm/dd/yyyy) /   /	Age	Home Phone (   )   -	
Parent	Day Phone (   )   -	Evening Phone (   )   -	

The information in the grids below is only needed for minors attending this event.

Is there anyone your child should not be released to? If so, who?	May your child be given the following:	Yes	No
	Tylenol		
	Benadryl		
	Ibuprofen		
	May your child be given over-the-counter, non-prescription medications or applications, not to exceed recommended dosage for stomach discomfort, burns, cuts, insect bites, rash, or scrapes?		
Please list any chronic/recurring conditions and allergies:	List Exceptions:		

Name of Physician _____	Phone (   )   -   _____
Medical/Hospital Insurance Carrier _____	
Policy Number _____	Group Number _____

**CONSENT AND CERTIFICATION:** I, the undersigned, being the parent or legal guardian of the child named above, do hereby consent to the participation of my child in all the regularly scheduled activities of the North Texas District Assemblies of God Girls Ministries, including swimming, boating, hiking, horse riding, sporting events, and other activities customarily associated with a church camp. Further, I certify that my child is physically fit and adequately trained to participate in such events, including swimming, (except as noted above). I also give my consent to North Texas District Council to use photographs (individual or group) and/or multi-media images and recording of my child in the best interest of the North Texas District Council.

**MEDICAL TREATMENT AUTHORIZATION:** I understand that I will be notified in the case of medical emergency involving my child. However, in the event I or my assignee cannot be contacted, I authorize the adult in charge to consent to the providing of necessary medical services if my child is injured or becomes ill. I understand the North Texas District will not be responsible for medical expenses incurred solely on the basis of this authorization.

**DAMAGE RESPONSIBILITY:** I understand that participants at Lakeview Camp are liable for intentional or malicious property damage. Repair costs for damage caused by a participant will be billed directly to the participant and his/her legal guardian.

**BACKGROUND CHECK:** All adult participants of this event MUST have a background check on file. All sponsors must include the background check waiver along with the \$10 processing fee, or a copy of the North Texas District Pastor Certification Form verifying that a background check has been completed by their church/pastor.

Parent/Guardian Signature or Signature of Adult Participant

Date