



2019 REGISTRATION FORM

BRANSON, MO OCTOBER 3-5, 2019

FOR MISSOURI CHURCH OF GOD MINISTERS' KIDS [AGE 12+]

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

BIRTHDATE: _____ CURRENT GRADE: _____ GENDER: M F

PARENTS' NAMES: _____

HOME CHURCH: _____

PARENTS' PHONE: _____

PARENTS' EMAIL: _____

PK'S PHONE: _____

PREFERRED ROOMMATES [3 STUDENTS/ROOM]: _____

LIST ANY PHYSICAL LIMITATIONS OR INFECTIOUS DISEASES: _____

ALLERGIES: _____

CURRENT MEDICATION: _____

FAMILY PHYSICIAN: _____ PHONE: _____

MEDICAL INSURANCE COMPANY: _____

POLICY NUMBER: _____ PHONE: _____

MY CHILD IS ALLOWED IS NOT ALLOWED TO TAKE [CIRCLE] 1 OR 2 TABLETS IBUPROFEN OR 1 OR 2 TABLETS TYLENOL

I hereby give my permission for my child to participate in the activities of the Missouri Church of God PK Vacay and waive all claims to injury or loss of property arising out of the activities against the leaders of this retreat, the other participants, and the Church of God Executive Offices of Missouri and/or Church of God (Cleveland, TN) International Offices. In an emergency, I hereby give my permission to the licensed physician selected by the retreat organizers to hospitalize and/or secure proper treatment, anesthesia, or surgery for child named on this form. I understand that my insurance or my child's insurance will be responsible for said treatment.

SIGNATURE OF PARENT/GUARDIAN

DATE

THE REGISTRATION FEE OF \$95 SHOULD ACCOMPANY THE REGISTRATION FORM. MAIL COMPLETED FORMS TO DEIDRE TINDALL, 5457 BASSWOOD COURT, SPRINGFIELD, MO 65802. MORE DETAILS—SUCH AS AN ITINERARY AND LIST OF THINGS TO BRING WITH YOU—WILL BE COMING SOON!

QUESTIONS? CONTACT DEIDRE TINDALL AT 314-973-1471.