



For additional applications or to register online please visit [www.ArizonaChildrensMinistry.com](http://www.ArizonaChildrensMinistry.com)

Child's name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Gender \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Mother's Work Phone \_\_\_\_\_ Father's Work Phone \_\_\_\_\_  
 Emergency Contact \_\_\_\_\_ Emergency Contact Phone \_\_\_\_\_  
 Pastor \_\_\_\_\_ Counselor Preference \_\_\_\_\_  
 Does Camper have the Holy Ghost? \_\_\_\_\_ Parent's Email \_\_\_\_\_

Insurance \_\_\_\_\_ Policy # \_\_\_\_\_

Under doctor's care at present? Yes No For? \_\_\_\_\_

Date of last Tetanus shot? \_\_\_\_\_

List any current medications? \_\_\_\_\_

**Provide Information for the Following:**

Diabetic	Yes	No	Can go in water	Yes	No
Take thyroid medication	Yes	No	Allergies:	Yes	No
Epilepsy	Yes	No	To Eggs	Yes	No
Heart Disease	Yes	No	To Tetanus	Yes	No
Kidney Disease	Yes	No	To Chocolate	Yes	No
Take Insulin	Yes	No	To Penicillin	Yes	No
Take Asthma Drugs	Yes	No	Other Allergies	_____	
Can Run	Yes	No			

I the parent/guardian of the said applicant, give permission for the applicant to attend camp. This camper may receive emergency medical treatment. I authorize the adult sponsor of AZ Junior Kidz Camp bearing this written authorization to obtain proper medical care from a licensed medical/ dental doctor and my permission to sign for medical treatment.

***It's mandatory for all applicants to have their Pastor's signature to attend camp.***

\_\_\_\_\_  
PARENT/GAURDIAN SIGNATURE

\_\_\_\_\_  
PASTOR'S SIGNATURE

**DRESS CODE:** All campers are expected to dress in accordance with the accepted guidelines set by the District Board, which includes: no shorts or swimming suits (outside of swimming pool use), no jewelry (except watches), no sleeve-less shirts or blouses, no tank tops, no makeup, no pants for girls (skirts & dresses only).

**Registration:** \$175 if minimum \$50 deposit and application is postmarked by May 17<sup>th</sup>. \$190 Late registration past May 17<sup>th</sup>.

**Send application and check to:** Arizona District UPCI, Children's Ministry – 7640 N. Rasmussen Ave. Tucson, AZ 85741.

**For more info call:** Travis Vallejos at, 520-247-2790 or email, [AZkidzMinistry@gmail.com](mailto:AZkidzMinistry@gmail.com)



Minor (under the age of 18) Name: \_\_\_\_\_

### Release, Waiver and Indemnity Agreement

**I, the undersigned, legal parent or guardian, wish to voluntarily permit my child or ward named above, to participate in activities at Granite Hills Retreat and Conference Center, Prescott, Arizona during AZ Kidz Junior Camp. Activities may include, but are not limited to:**

High ropes challenge course, zip line, climbing structures, bounce houses, pool, and organized games and events which may include archery, laser tag, corn hole, basketball, volleyball, football, dodgeball, horseshoes, shaving cream fight, and any and all personal choice activities my child chooses to experience.

**I fully recognize the dangers and hazards inherent in camping activity, and any related transportation, including personal injury, property damage, or wrongful death, as well as the unknown dangers and hazards which may arise in my child's participation in the camping activity, do hereby voluntarily:**

Agree for myself, my heirs and personal representative(s), to defend, hold harmless, indemnify, release and forever discharge, to the broadest extent allowed by Arizona Law, from and against any and all claims, demands of any personal injury or death that may result from my child's participation in all activities. I agree to allow video or likeness of my child without their name on promotional venues.

**The undersigned parent or guardian represent that he/she has read this Release**, has requested and has been provided with, or has requested and declined advisement on the potential dangers/risks of engaging in the observation, activities, or instruction offered, assumes all risks associated with such dangers and risks, and is fully aware and understands the legal consequences of signing this Release. The undersigned parent or guardian intends his or her signature to be a complete and unconditional release of all liability to the greatest extent allowed by Arizona law and if any portion of the Release is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

\_\_\_\_\_  
PRINTED NAME (Parent or Guardian)

\_\_\_\_\_  
SIGNATURE (Parent or Guardian)