

For additional applications or to register online please visit  $\underline{www.ArizonaChildrensMinistry.com}$ 

Child's name			Age	Birthdat	e		_ 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 Follow	wing:						
Diabetic	Yes	No	Can go in	water	Yes	No	
Take thyroid medication	Yes	No	Alle	ergies:	Yes	No	
Epilepsy	Yes	No	To	e Eggs	Yes	No	
Heart Disease	Yes	No	To Te	etanus	Yes	No	
Kidney Disease	Yes	No	To Cho	colate	Yes	No	
Take Insulin	Yes	No	To Pe	nicillin	Yes	No	
Take Asthma Drugs	Yes	No	Other Al	lergies			_
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 SIG			P.A	ASTOR'S 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).



Willor (under the age of 18) Name.	
Release, Waiver and Indemni	ty Agreement
I, the undersigned, legal parent or guardian, wish to voluntarily perm in activities at Granite Hills Retreat and Conference Center, Prescott may include, but are not limited to:	
High ropes challenge course, zip line, climbing structures, bo events which may include archery, laser tag, corn hole, horseshoes, shaving cream fight, and any and all personal cho	basketball, volleyball, football, dodgeball,
I fully recognize the dangers and hazards inherent in camping ac personal injury, property damage, or wrongful death, as well as the my child's participation in the camping activity, do herby voluntarily:	unknown dangers and hazards which may arise in
Agree for myself, my heirs and personal representative(s), t and forever discharge, to the broadest extent allowed by claims, demands of any personal injury or death that may activities. I agree to allow video or likeness of my child without	Arizona Law, from and against any and all y result from my child's participation in all
The undersigned parent or guardian represent that he/she has read to with, or has requested and declined advisement on the potential danger instruction offered, assumes all risks associated with such dangers and consequences of signing this Release. The undersigned parent or guardia unconditional release of all liability to the greatest extent allowed by Arinvalid, it is agreed that the balance shall, notwithstanding, continue in fu	rs/risks of engaging in the observation, activities, or risks, and is fully aware and understands the legan intends his or her signature to be a complete and rizona law and if any portion of the Release is held
PRINTED NAME (Parent or Guardian)	SIGNATURE (Parent or Guardian)