

South Texas PK Retreat | February 24-26, 2012

Preacher's Kids • Age 12-18 • FREE

This event is exclusively for the children of Certified, Licensed, or Ordained Ministers of the South Texas District Council.

Please complete the information below and email to melissa@stxym.org or mail to address below
PLEASE PRINT IN BLACK INK

T-Shirt Size: Small Medium Large X-Large XX-Large

Name: _____ Date of Birth: _____

Male / Female (Please Circle) Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Church: _____ City: _____

Parent that is a minister: _____ Position held: _____

Physical Handicaps (List if any): _____

Allergic Reactions: _____

Please list any medications: _____

Emergency Information (Must be completed):

Doctor: _____ Phone: _____

Parents: _____ Phone: _____

2nd Emergency Number (Not parents):

Name: _____ Phone: _____

Insurance Information (Must be completed):

Insurance Company Name: _____ Policy Number: _____

Address: _____ Phone: _____

I, the parent or legal guardian of _____ (student's name) do hereby state that I have legal custody of the child who resides with me and have read and approved the included retreat information. I give my permission for my child to attend this retreat and participate in all activities. In consideration of my child being allowed to participate in this event, I authorize the South Texas District Council of the Assemblies of God to use my child's likeness in photographs or video in any and all of its publications and in any and all other media. I will make no monetary or other claim against the District for the use of such photographs or video. I give my permission for authorized personnel to inspect the student's belongings to insure that they have no illegal or prohibited items. I will be held responsible for any and all damages my child may cause to the campsite or facilities. I hereby authorize any authorized personnel to obtain any medical care necessary. Parent's signature authorizes emergency treatment in the event of illness/injury when parents are not immediately available. I understand, if necessary, the student will be taken to a nearby hospital and will be attended by a physician on call. I further understand that I will be responsible for any medical expenses incurred. All Students are responsible for their own transportation to and from Hill Country Camp in Kerville.

Parent/Guardian Signature: _____ Date: _____

► **REGISTRATION DEADLINE IS February 15** ◀

Please mail to:

STXYM | PK Retreat | P.O. Box 9714 | Houston, Texas 77213

Contact Melissa if you have any questions:
713-455-5252 | Or email at melissa@stxym.org