

Girlz experience

STARS, FRIENDS AND GIRLS ONLY RETREAT 2018

When: June 8 - 10, 2018

Where: Iroquois Springs, Rock Hill, NY
www.iroquoissprings.com

Cost: \$166.00 (includes room, transportation, six meals and t-shirt)

In order to register, please fill out the attached forms and return them to your daughter's leader or Janice Bailey by **April 29, 2018**.

Please make checks out to "Faith Assembly of God".

Although fees are transferrable, they are non-refundable, so please check your calendar before submitting your payment.

If you have any questions, feel free to contact GM Coordinator Janice Bailey at 914-456-2429 or jabscrapper@yahoo.com



NY Girls Ministries Girlz Experience (June 8-10, 2018)

Camper Application

Please PRINT clearly. If you have any questions, please call 315-338-4646

This application must accompany a copy of camper's insurance ID card and Immunization record

GENERAL INFORMATION & EMERGENCY CONTACT:

First Name _____ Last Name _____ Date of Birth ___/___/___

Address: _____ City: _____ State: _____ Zip: _____

Primary Phone for Household: (____) _____ Parent/Guardian Name: _____

Parent's Work Phone: (____) _____ Parent's Cell: (____) _____

Church Name: _____ Church City: _____

Emergency Contact Name: _____ Relationship to Camper: _____

Emergency Contact Home #: (____) _____ Work #: (____) _____ Cell Phone #: (____) _____

MEDICAL INFORMATION

Please list the dates the following immunizations were administered OR attach a copy of the camper's immunization record. Complete remaining health history below and on reverse side

Dtp series dates: _____ OPV/IPV series dates: _____

MMR#1: _____ MMR #2: _____ Hib series dates: _____ Tdap: _____

Hep B#1: _____ Hep B #2: _____ Hep B #3: _____ Varicella #1: _____ Varicella # 2: (or date of disease) _____

We have chosen NOT to immunize our child: _____ (Parent or Legal Guardian Signature)

PRESCRIPTION MEDICATIONS:

For the safety of all campers, all medications MUST be in original container, clearly labeled and turned into Camp Nurse upon your arrival at camp with this form. Medications will be self administered by the child, under the supervision of the Camp Nurse and accompanying Girls Ministries Leader (insulin and inhalers will be kept with campers)

List all prescription medication and dosage that your child will bring to camp:

_____	_____
_____	_____
_____	_____
_____	_____

List any/all camper present medical conditions: _____

List any/all camper allergies (including medication allergies): _____

List any camper restrictions: _____

List any camper special needs or additional significant information: _____

OVER THE COUNTER MEDICATIONS:

I hereby give permission to the Camp Nurse to administer any of the following over the counter medications to my child as needed, in the dosage appropriate based on my child's age and size:

- Ibuprofen
- Antacid (Tums, Rolaids)
- Benadryl
- Acetaminophen
- Imodium AD
- Basic wound care (cleansing with soap and water, antiseptic, applying antibiotic ointment)
- Pepto-Bismol
- Cough Drops

Parent/Legal Guardian Signature _____

CAMPER INSURANCE AND PROVIDER INFORMATION: Please attach a copy of camper's Insurance Card:

Primary Care Provider's Name: _____ PCP Ph: (____) _____

Insurance Provider: _____ PH: (____) _____

Subscriber's Name: _____ ID #: _____

(If camper does not have insurance coverage, please list above as "none.")

PARENTAL CONSENT & MEDICAL AUTHORIZATION: (In this section the Parent/Guardian Signature must be in the presence of the Notary Public)

I, the undersigned, being the parent or legal guardian of the camper named, do hereby consent to the camper's assignment on and participation in Girlz Experience (June 8-10, 2018) sponsored by the NY Girls Ministries Department of the NY Ministry Network at Iroquois Springs Camp in Rock Hill, NY, including, but not limited to, all activities customarily associated with Girlz Experience. I am aware of the hazards and risks associated with such a trip including, but not limited to, death or injury by accident, disease, weather conditions, criminal activity, camp recreational activity and random acts of violence. I/we hereby release the NY Ministry Network, its agents, assigns, employees and volunteer assistants from any liability whatsoever arising out of injury, sickness or damage which may be sustained by said camper during course of said camp.

This health history noted for my child is correct as far as I know. It is understood that the NY Girls Ministries Department or any person(s) or agency acting as the agent of the NY Girls Ministries Department will contact the parent/legal guardian immediately to inform them of the child's condition and of all emergency, unexpected medical, dental, health or hospital services. If it is possible and will not cause any deterioration or worsening of undue risk or pain to my child, all surgical proceedings shall be at notice to me. I also understand and agree that if it is necessary for my child to leave this event due to health or injury issues, I am responsible to provide safe transportation for my child to return home.

I understand that while the above named camper participates in any Girlz Experience activity, she is responsible to abide by any rules set forth by the NY Ministry Network and to comply with all orders and directives of Girlz Experience supervisory personnel. Any infraction of the rules by the camper can result in dismissal from the program. In the event the camper is dismissed from the program, I, the undersigned, agree to assume the responsibility of picking the camper up from the program and/or the cost of returning the camper to her home. I also agree to forfeit any right to a refund of any pre-paid fees or expenses. I understand that such action would only be taken after notification of the camper's Girls Ministries Leader and parent/guardian. In addition, I authorize NY Girls Ministries to take/use photographs of my child individually or in groups and/or multimedia images and recordings for the purpose of creating a Camp DVD/Video and for NY Girls Ministries promotional use. I will make no monetary or other claims against the NY Girls Ministries Department for the use of such photos or videos.

Parent/Legal Guardian Signature: _____ Date: _____
(THE SIGNATURE ABOVE MUST BE IN THE PRESENCE OF A NOTARY PUBLIC)

MUST BE COMPLETED BY NOTARY PUBLIC

STATE OF _____)

COUNTY OF _____)

On this _____ day of _____, 20____, before me, _____ a Notary Public in and for said state personally appeared _____, known to me to be the person (s) who executed the within agreement and acknowledged to me that he/she /they executed the same for the purposes therein stated.

My Commission expires on _____ Notary Stamp Here:

Signature: _____



NYMINISTRYNETWORK
GIRLS



SWIM TEST WAIVER

Girlz Experience 2018 (Please bring to Registration Area)

I, _____, Parent/Guardian of _____,

acknowledge that my daughter can swim in deep water. I will not hold the camp responsible for any unforeseeable accidents that may occur while she is swimming in the pool or the lake.

Parent/Legal Guardian Signature: _____
Date: _____ (THE SIGNATURE ABOVE MUST BE IN THE

PRESENCE OF A NOTARY PUBLIC)

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STATE OF _____)

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On this _____ day of _____, 20____, before me, _____, a Notary Public in and for said state personally appeared _____, known to me to be the person (s) who executed the within agreement and acknowledged to me that he/she /they executed the same for the purposes therein stated.

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