Encounter God's Presence Conference Registration

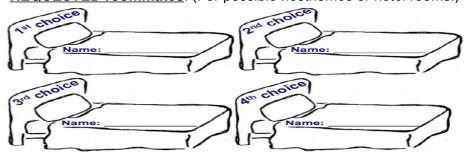
Form is for (circle one) student or adult along w/ \$15 payment. Non-refundable. After June 30th \$10 late fee. \$30 at door.



Church Name.		原基据的原则 图 2000亿亿,一个企业的 ,一定发现企业。19	odly Zoul - Zzilo, Zo i i	
Name:			· · · · · · · · · · · · · · · · · · ·	
Address:	Applicant's cell:			
City:	State: Zip:	Email:		
Age: B-date:	Gender: □ male or [female Social Media:		
Parent's Names & Cell Pl	none #'s:			
Parant's Names & Call Di	aono #'o:			



REQUESTED roommates: (For possible hosthomes or hotel rooms.)



Attending ALL Thurs. night to Sat. night? If partial, when?

PARENTAL CONSENT TO EMERGENCY NEEDS AND RELEASE OF LIABILITY

Form must be signed by legal guardian for youth (18 and younger) and adult worker (18 or older) sign their own. A. I do hereby give my authorization and consent to any emergency medical or surgical treatment that may be needed while he/she/myself participates in the Encounter God's Presence event, including transportation to and from the event. This consent authorizes physicians, technicians, assistants, nurses, and other qualified medical or hospital personnel to render any treatment they deem necessary arising from any emergency that may occur during any activity herein stated above, including anesthesia. I give my consent to allow volunteer leaders to administer medication as they deem necessary for headache, stomach problems, or other minor medical issues that may arise during the event.

- B. My child/myself is participating in these activities with my full permission. I assume all risk of loss, damage, and liability my child/myself or personal belongings may sustain or incur while participating on this trip. I shall hold harmless Encounter God's Presence and Hobbs First Assembly, it's affiliate churches and their employees, representatives, and volunteers for any damages whatsoever in the event of injury, illness, or death of said child by any cause whatsoever, including negligence by the conference, it's directors, and employees there with of any such liability, and I agree to pay any such damages.
- C. I recognize that this is a Christian event, that the Bible will be studied, and that event conduct will be expected to be consistent with Christian values. I agree that any photos/videos taken at event may be used for promotional materials. I give leadership permission to search backpacks and belongings if necessary. I understand anything illegal will be handled by the local authorities.

I also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the staff members, not only for medical reasons but for disciplinary reasons as well.

Signature of Parent/Guardian / Adult worker (18 or older) Printed name Date

Continued form for:	
Medical Information Please check Yes or No for each question.	
f yes is checked, please give approximate dates of occurances and indicate wheth	er mild or severe.
Medical Conditions	Medications
Yes No	Yes No
O Does this camper have asthma?	O O Does th
	If yes, p

Limitations Yes No



Medical Conditions			Medications			tions GOD'S PRESENCE .org	
es/	No		Υ	es	No		
0	0	Does this camper have asthma?		0	0	Does this camper take any prescription medications?	
						If yes, please list: (see medication policy)	
0	0	Has this camper ever had convulsions?					
						What is the reason for taking the above medication?	
0	0	Does this camper have diabetes?					
00		Does this camper have a heart defect?		0	0	Is this camper allergic to any medications?	
						If yes, please list:	
0	0	Does this camper have any other medical conditions or diseases?				, 505, piedeo 11611	
	Does and camper have any other medical continuous of diseases:		A	Allerg		es	
					No	-	
				5	0	Is this camper allergic to peanuts?	
imi	tatio	nns		9	0	Is this camper allergic to red dye?	
res		nio)	0	Is this camper lactose intolerant?	
	_	Deed this compar have physical limitations?				90 (890) 100 (100 - 100 - 100 (100 100 100 100 100 100 100 100 10	
)	0	Does this camper have physical limitations?)	0	Does this camper have allergies? (food, animals, insects, etc.)	
0	0	Has this camper had psychiatric treatment?		Other Details			
			Ye	es	No		
			C)	0	Are immunizations current for this camper?	
0	0	Does this camper have mental limitations?	C)	0	Does this camper have any difficulty with bed wetting?	
			C)	0	Is there any additional information regarding this camper that you feel	
						might be helpful?	
_		rgency Information					
		al Insurance f Family Physician				Phone ()	
		carry family medical/hospital insurance? O Yes O	No		-	<u> </u>	
Cai	rier I	Name			_	Phone ()	
Gro	up F	olicy Number	N	Varr	ne of	Policy Holder	
Est	mat	ed date of last Tetanus shot:					
In	cas	e of Emergency # :	Emerge	enc	cy I	Name :	
2n	d E	mergency # : Eme	rgencv N	lar	ne	ŧ	
	_		J				

Signature of Parent/Guardian / Adult worker (18 or older)

Printed name

Date