

**Individual Registration Form**  
**Stars Camp: June 17 – 20, 2009**

**Applicant Information:**

First & Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Parent's Name: \_\_\_\_\_  
Parent's Email Address: \_\_\_\_\_  
Emergency Contact Name: \_\_\_\_\_  
Emergency Contact Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Parent's Cell: \_\_\_\_\_  
Applicant is a: Camper \_\_\_\_\_  
Sponsor \_\_\_\_\_  
Potential Spirit Girl \_\_\_\_\_

**Church Information:**

Church Name: \_\_\_\_\_  
Pastor's Name: \_\_\_\_\_  
Coordinator: Helen Antonio

City: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: [ungiebungie@sbcglobal.net](mailto:ungiebungie@sbcglobal.net)

**Circle your shirt size:**      Adult S      Adult M      Adult L      Adult XL  
   Adult XXL      Adult XXXL      (Add \$2 for XXL & XXXL sizes)

**Camp Fees:**

\$165	Registration
\$ 10	Optional camp picture
\$ 10	Optional triathlon participation
\$ 2	XXL or XXXL size shirt
_____	Total Camp Fees

**Camp Guidelines:**

1. Everyone is expected to conduct themselves as Christian ladies.
2. Campers will attend all classes and services.
3. No one will leave the camp-grounds without permission of the Camp Director.
4. Everyone will observe and abide by all "off-limits" restrictions.
5. Any injuries or sicknesses are to be reported to the Camp Nurse.
6. Visitors must register with the Camp Director. Prepayment for meals must be made to the Camp Registrar. All visitors must obey the camp rules.
7. Tobacco, drugs, alcohol, improper reading material, destructive materials, and fireworks are expressly forbidden and are grounds for immediate dismissal.
8. All campers must be in their own bunk at "lights out."
9. Campers will clean up camp before checking out.
10. Clothing must be modest. **No two-piece, bikini, string, or thong swimsuits.** Tank tops should have **wide** straps and **no midriff shirts** allowed.

I give my permission to use photos and video images taken of \_\_\_\_\_ at camp by the District Staff Photographer and Videographer to be used for publicity and promotions for the Northern CA/Nevada District Girls Ministries (formerly Missionettes). Northern CA/Nevada District Girls Ministries has no financial commitment or obligations to me. I expressly release and indemnify Northern CA/Nevada District Girls Ministries and District Staff Photographer and Videographer from any and all claims known and unknown arising out of, or in any way connected with, the above granted uses and representations.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

(This section must be completed for each applicant, including adults)

### Health & Consent Form

Health Problems: \_\_\_\_\_

Drug/other allergies: \_\_\_\_\_

Polio Vaccination: Yes \_\_\_ No \_\_\_ Date of last tetanus shot: \_\_\_\_\_

Activity Restrictions: \_\_\_\_\_

Regular Medications: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Additional Comments/Concerns:  
\_\_\_\_\_  
\_\_\_\_\_

### Emergency Medical Care and Treatment

If it should become necessary for my daughter to receive medical treatment for any reason, I understand that the Assemblies of God/Northern California and Nevada District Resource Center's medical insurance policy acts in a primary position ONLY when the participant is not already covered by insurance. Consequently, I agree to submit all claims first to my insurance company and then to the insurance for the Assemblies of God/Northern California and Nevada District Resource Center. I also accept full responsibility for the cost of medical treatment for any injury not covered by insurance. In addition, I authorize and consent to all medical, surgical, diagnostic, and hospital procedures as may be performed or prescribed by a physician to safeguard my child's health, and it is not advisable to take the time to contact me in advance. I waive my right to informed consent for each treatment. Moreover, I understand that temporary, emergency measures may be necessary to safeguard my daughter's health, and do hereby authorize and request the Assemblies of God/Northern California and Nevada District Resource Center personnel to administer or supervise such time as my daughter can be safely transported to a doctor or hospital.

### Parental Consent

I hereby consent and agree to hold harmless the Assemblies of God Northern California/Nevada District, its agents, employees, or volunteer assistants from claims that I/my daughter might have arising out of my/my daughter's participation at the 2009 Girls Ministries (formerly Missionettes) Stars Camp and all of the camp's activities. Furthermore, I/we have read the "Camp Guidelines" listed on the front page of this registration application. My/our signatures below indicate my/our understanding of the meaning of "hold harmless" and my/our agreement to abide by the camp guidelines set form in this registration application.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_