

ANNUAL DAUGHTERS OF THE KING GIRLS' RETREAT

Saturday, July 30th & Sunday, July 31st

POOL PERMISSION

Attendees, who are 8 years old and up, must have the permission of a parent or guardian before they will be allowed to participate in pool activities. The maximum depth of the pool is 5 feet.

NOTE: Attendees under the age of 8 will not participate in pool activities.

Please check one and sign below.

- I **DO** give _____ permission to participate in pool activities.
 I **DO NOT** give _____ permission to participate in pool activities.

Signature of Parent /Guardian

Date

PHYSICAL ACTIVITIES

Should this child's activity be restricted involving swimming or other competitive sports?

- Yes No

If yes please explain the restrictions and degree of restrictions

FOOD ALLERGERIES

Does your child have food allergies ? Yes No

If yes, please explain? _____

MEDICATION AUTHORIZATION

Does your child take medication regularly? Yes No

If yes, do you give Daughters of the King and its agents, employees and volunteers permission to assist with providing your child "the" medication(s) listed below?

MEDICATION

DOSAGE

DAUGHTERS OF THE KING – A CHRISTIAN MENTORING MINISTRY FOR GIRLS

Website: DOTKingalways.com

Email: DOTKing04@yahoo.com

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HEALTH STATE OF PARTICIPATING CHILD

Check any current or past health conditions that may require attention while participating in the above event.

Does your child wear glasses? Yes No Contacts? Yes No

Has your child had any recent operations or inquires? Yes No

If yes, please explain: _____

Does your child have any history of emotional or behavioral disturbance? Yes No

If yes, please explain: _____

Does your child have any special conditions to be watched for such as convulsions/seizures, allergies, fainting, sleep walking, etc? Yes No

If yes, please explain: _____

Menstrual problems (be specific) _____

Bed wetting (be specific) _____

Sinus problems or headaches (be specific) _____

Respiratory (be specific) _____

Diabetes (be specific) _____

Bee sting/insect (be specific) _____

Hearing problems (be specific) _____

Heart problems (be specific) _____

Other _____

Please explain any area identified above or other conditions not identified above:

Parent / Guardian Signature

Date:

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EMERGENCY CARE INFORMATION

NOTE: This form must accompany the child's registration form at the time the child is registered. Please print legibly.

Child's Name _____ Date of Birth ____/____/____ SSN ____-____-____

Address _____ City/State/Zip _____

Parent/Guardian's Name _____

Parent/Guardian's Address _____ City/State/Zip _____

Parent/Guardian's Home Phone (____)____-____ Mobile (____)____-____

EMERGENCY CONTACTS OTHER THAN PARENT/GUARDIAN

1) Name _____ Phone Number (____)____-____
2) Name _____ Phone Number (____)____-____

PHYSICIAN/INSURANCE INFORMATION

Physician's Name _____ Phone Number (____)____-____

Insurance Company: _____

Insurance Company Phone Number (____)____-____ Policy Number _____

Policy Holder's Name _____ Phone Number (____)____-____

Emergency Medical Treatment: I understand every effort will be made to contact the parents/guardian or listed contact in case of emergency. In the event I cannot be reached, I hereby give permission for my child to be transported to the nearest medical facility. I also understand that I will be responsible for payments of any medical expenses incurred on my child's behalf. Furthermore, I authorize all medical and surgical treatment X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that either parent/guardian or listed contact cannot be reached in the case of an emergency. _____ (initial here).

Please complete the "**Medication Authorization**" form to be able to give your child any medications. The undersigned agrees that the above information is correct and accurate to the best of his/her knowledge.

Parent/Guardian's Signature _____ Date _____

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PHOTO RELEASE

Does Daughters of the King, New Life Church, United Love Church and Christ Fellowship Church have your permission to use your child's photographs on our website or any other publication? Yes No

WAIVER OF LIABILITY RELEASE

PLEASE BE ADVISED THIS RELEASE FORM WAIVES SPECIFIC LEGAL RIGHTS YOU MAY HAVE IN CONNECTION WITH INJURIES OR EVENTS ARISING OUT OF YOUR CHILD'S ATTENDANCE IN THE RETREAT. READ THIS CAREFULLY BEFORE SIGNING BELOW.

I/We release Daughters of the King, New Life Church, United Love Church and Christ Fellowship Church from liability in case of injuries or illnesses which my child may sustain resulting from participation in retreat activities. I expressly acknowledge on behalf of myself and my heirs that I assume the risk of any and all injuries and illnesses which may result from participation in these retreat activities. I hereby release and discharge Daughters of the King, New Life Church, United Love Church and Christ Fellowship Church, their agents, servants, assigns, and employees from any and all claims for injury, illness, death, loss or damage, which my child may suffer as a result of my child's participation in these activities. I understand that the Daughters of the King, New Life Church, United Love Church and Christ Fellowship Church are not responsible for personal property lost or stolen at the retreat facility. By signing my signature below I acknowledge that I have read this form and that I understand I am waiving my rights to specific legal rights I might otherwise have against Daughters of the King, New Life Church, United Love Church and Christ Fellowship Church and its affiliated agents, employee and volunteers, which might exist if I were not to sign this form.

Parent's Signature:

Date:

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