

# 2014 Teen Girls Retreat Student Application

Stars Retreat 🌟 2601 E Thomas Rd Ste 210 🌟 Phoenix, AZ 85016 602.343.4011

**PLEASE PRINT CLEARLY**

(Form must be completed or application will not be processed)

**LAST NAME** \_\_\_\_\_ **FIRST** \_\_\_\_\_

Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Church you are attending with \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

PARENTS/GUARDIAN \_\_\_\_\_ ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE (H)(\_\_\_\_) \_\_\_\_\_ (W)(\_\_\_\_) \_\_\_\_\_

CELL(\_\_\_\_) \_\_\_\_\_ EMAIL \_\_\_\_\_

**MEDICAL INFORMATION:** All prescription medication must be in its original container labeled with the camper's name. Over the counter medication, vitamins, herbals and food supplements must be in original packaging. All medication, including vitamins, etc. must be turned into the nurse at the start of camp.

Medical Problem of Applicant \_\_\_\_\_

Medications Brought to Retreat \_\_\_\_\_

Allergies:  Medications \_\_\_\_\_  Food \_\_\_\_\_  Bee Stings  Other \_\_\_\_\_

Family Physicians \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

**MEDICAL CONSENT:** I DO HEREBY STATE THAT I HAVE LEGAL CUSTODY OF THIS CHILD, A MINOR. WHILE THIS MINOR IS A REGISTERED CAMPER AT THE 2014 ARIZONA ASSEMBLIES OF GOD GIRLS WINTER RETREAT, I HEREBY AUTHORIZE ANY DIRECTOR, STAFF MEMBER, NURSE, DEAN, LIFEGUARD, OR OTHER RESPONSIBLE PERSON OF SAID CAMP TO CONSENT TO X-RAY, EXAMINATION, ANESTHETIC, MEDICAL OR SURGICAL DIAGNOSIS OR TREATMENT AND HOSPITAL CARE, TO BE RENDERED TO THIS MINOR UNDER THE SUPERVISION AND ADVISE OF ANY PHYSICIAN OR SURGEON LICENSED TO PRACTICE IN THE STATE OF ARIZONA, WHEN SUCH MEDICAL OR SURGICAL TREATMENT IS NECESSARY. I AGREE TO BE FINANCIALLY RESPONSIBLE FOR ALL EXPENSES AND CHARGES INCURRED TO THE EXTENT NOT COVERED BY APPLICABLE INSURANCE.

**ACTIVITY CONSENT:** I GIVE MY PERMISSION FOR MY CHILD TO PARTICIPATE IN ALL RETREAT-RELATED ACTIVITIES. PERMISSION IS GIVEN TO ARIZONA DISTRICT COUNCIL OF THE ASSEMBLIES OF GOD TO USE PHOTOGRAPHS (INDIVIDUAL OR GROUP) AND/OR MULTIMEDIA IMAGES AND RECORDINGS IN THE BEST INTEREST OF THE ARIZONA DISTRICT COUNCIL OF THE ASSEMBLIES OF GOD.

\_\_\_\_\_  
(Signature of Parent/Guardian) **REQUIRED**

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(Signature of Pastor) **REQUIRED**