

JOSH WELLBORN

AKYOUTHMINISTRIES

PKMK

DEC5-7, 2019

REGISTRATION DEADLINE: **NOVEMBER 29th**

### 1. REGISTRANT INFORMATION

Name \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender ☐ M ☐ F

Mailing Address \_\_\_\_\_

Phone Number ( ) - E-mail \_\_\_\_\_

### 2. PKMK INFORMATION

\_\_\_\_ Pastor/Missionary Credentialed w/Assemblies of God Church Name \_\_\_\_\_ **Cost: FREE**

\_\_\_\_ Pastor/Missionary Not Credentialed w/AG Church Name \_\_\_\_\_ **Cost: \$75 by Nov. 29 or \$100 after**  
Please send this registration form to [ryan@alaskaag.org](mailto:ryan@alaskaag.org) by Nov. 29<sup>th</sup> and bring payment to event (Credit Card, Cash or Check)

### 3. MEDICAL RELEASE & LIABILITY RELEASE

Emergency Contact \_\_\_\_\_ Emergency Phone ( ) \_\_\_\_\_

Insurance Information: \_\_\_\_\_ Date of last Tetanus Shot \_\_\_\_\_

Doctor's Name \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_

In case of emergency, is there anything the camp health personnel or the doctor should know? \_\_\_\_\_

**If the camper suffers from any of the following, please identify.**

\_\_\_\_ Heart Trouble \_\_\_\_ Diabetes \_\_\_\_ Skin Trouble \_\_\_\_ Fainting spells \_\_\_\_ Lung trouble \_\_\_\_ Ear Trouble \_\_\_\_ Sinus Infection

\_\_\_\_ **Allergies/Food Allergies (specify)** \_\_\_\_\_

Medication allergies \_\_\_\_ Yes \_\_\_\_ No (specify) \_\_\_\_\_

Is camper allergic to insect bites? \_\_\_\_ Yes \_\_\_\_ No (specify) \_\_\_\_\_

Explain any other health problems \_\_\_\_\_

Does the camper require medication like shots, drugs, or anything requiring control? Yes \_\_\_\_ No \_\_\_\_

**\*\*\*IF SO, THEY MUST BE TURNED IN AT REGISTRATION TO CAMP NURSE FOR DISPENSING**

Name of medication (s) in ORIGINAL PRESCRIPTION BOTTLE ONLY \_\_\_\_\_

### MEDICAL & LIABILITY RELEASE

Registrant's Full Name (Please print.) \_\_\_\_\_

I assume full liability of hazard and risk for myself (or my child) during this year's summer camp. I give permission for hospital or medical center staff to administer any necessary treatment immediately to me (or my child) should I (or he/she) be sick or injured during 2019 PKMK Retreat. I do not hold the Alaska Assemblies of God, Little Beaver Camp, nor the churches involved, nor its respective officers and staff responsible for any injury as a result of my (or my child's) participation in the 2019 PKMK Retreat.

To promote, evaluate, or otherwise describe the Alaska Ministry Network programs and activities, I give permission to the Alaska Ministry Network, and its agents, to use in connection with any publication (including but not limited to brochures, booklets, videotapes, reports, press releases, Web sites, and exhibits) any image or recording in which I appear, to use and cite any comment(s), verbal or written, made by me about the program, and to use my name in connection with any publication and in such manner as determined by the Alaska Ministry Network.

**X (Parent Signature)**

**Date**

Pastors/Leaders please make a copy of this registration form (keep the original for your own needs) and email a copy to [ryan@alaskaag.org](mailto:ryan@alaskaag.org). If the student needs to pay, please bring payment with you to event.