


2012 KidZMo Winter Blast Registration

Held at Cross Pointe Camp and Retreat Center, Rocky Mount, MO

****Please Mail Form & Fee to: 528 W Battlefield, Springfield, MO 65807**

<input type="checkbox"/> Student <input type="checkbox"/> Teen Staff 18 or  <input type="checkbox"/> Adult

February 10-11, 2012

Registration Due Feb 3rd
Please add \$10 per person after the
Feb 3rd deadline.

First Name	Last Name	Birthdate	Gender M/F
Mailing Address	City	State	Zip
Parents/Guardian (Student/Teen 18 or under) First Name	Parents/Guardian (Student/Teen 18 or under) Last Name	Emergency Contact Phone #	
Children's Pastor/Director	Church Attending With	Church City	

EMERGENCY TREATMENT PERMISSION/COOPERATIVE AGREEMENT

As parent or guardian, I have given permission for my child to attend Winter Blast at camp, and I hereby authorize and request any doctor, medical clinic or hospital emergency room physician to administer such treatment and to do any procedure in their judgment that may be necessary. I fully understand that the camp insurance is secondary coverage with a maximum benefit of \$5,000 per incident, and that I will need to file my own insurance first. I also understand that the camp insurance covers ACCIDENTS ONLY and that I accept full responsibility for any charges related to causes other than accidents, or charges beyond the \$5,000 maximum of the camp insurance. I also hereby give permission to the Dorm Leader and/or other member of the camp staff to inspect the contents of any or all of my child's personal belongings, and to withhold and/or dispose of any improper or illegal contents. Permission is given to SMDC Assemblies of God to use photographs (individual or group) and/or multimedia images and recordings in the best interest of SMDC Assemblies of God.

Parent/Guardian Signature _____



Relationship _____

\$60 per Student, overnight/ 3 meals
 \$35 per Leader, 1 **FREE** Leader registration per Church group
 Check In begins at 5:00 pm on Friday, Feb 10th.