



3rd to 6th grade

March 2-3, 2012

PHX 1st Assembly of GOD

**2 Awesome Services, Inflatables, Friday Night
Dinner, Breakfast, Saturday Lunch, t-shirt,**

Castles and Coasters on Saturday

AND MUCH, MUCH MORE!!!

**Cost is \$70 per child (+ spending money
@castles and coasters)**

MEET AT CHANDLER 1ST

ON FRIDAY, March 2nd @ 3:30 PM

**We will return to Chandler 1st
on Saturday, March 3th @ 6pm**

We will be spending the night at a hotel

Be sure to pack:

**tooth brush, change of clothes (2 pair if you plan to get
wet at C&C),**

**pillow, and money for a special BGMC
Offering Friday night**

Kidvention Application 2012

Camper's Name: _____ Age: _____ Grade completing _____ Gender: M F
Address: _____ City: _____ State: _____ Zip: _____
Parent/Guardian Name: _____ Home Phone: () _____
Work Phone: () _____ Cell Phone: () _____ Email _____

Emergency contact other than parent Name: _____ Relationship: _____
Emergency Phone numbers () ()

Payment

\$ _____ Full cost \$70
(+ spending money @castles and coasters)

\$20 deposit due Feb 12th 2012
The rest is due March 2nd

Parental Consent and Medical Authorization

I, being the parent/guardian of the above mentioned child, give the staff of Chandler First Assembly Kidz Ministries my permission to act in my behalf in giving informed consent for medical treatment for my child when I am unavailable to give such consent this weekend. I understand that in an emergency the staff will make every effort to contact me.

Parent/guardian Signature: _____ Date: _____

Please give detailed medical information concerning your child's condition. Use the back of this sheet if needed.

List any special medical conditions

List any medications and instructions

List allergies and their reactions

All Prescription drugs must be in their original container w/current instructions. (see your pharmacist)

Health Insurance Company _____ Policy # _____

Doctor's Name _____ Doctor's Phone () _____

Bed Wetting Yes No Date of last tetanus shot _____ (if known)