

Student Winter Blitz Registration

Event Date: February 26-27, 2021

Registration Deadline: Friday, February 19, 2021

Please fill out all portions of form completely and clearly in type or print. **Form must be turned in to the Network Student Ministries Department with registration fees by Friday, February 19, 2021.** Make checks payable to WFSM or pay online at wfldag.org.

•Fill out ALL sections COMPLETELY. •Please print clearly with blue or black ink. •Each individual registrant must fill out a form.

EVENT REGISTRATION FEES:

Please check one

\$95 Includes:

Friday Fun Night (Rock'it Lanes)
Friday Night Lodging
Saturday Breakfast
Saturday Services
Saturday Lunch

\$70 Includes:

Friday Night Lodging
Saturday Breakfast
Saturday Services
Saturday Lunch

\$35 Includes:

Saturday Services
Saturday Lunch

Note: Fun Arts participation is a separate fee & application.

1. REGISTRANT INFORMATION: All students must turn in a registration form

Name _____

Birth Date ___/___/_____ Gender at Birth M F

Mailing

Address _____

Number Street

City

State

Zip

Phone Number (_____) _____

Emergency Contact _____ Number (_____) _____

2. CHURCH INFORMATION:

Name _____
Official Church Name Church City

Children's Pastor/Leader _____

Phone Number (_____) _____

3. DISABILITY/ALLERGIES:

List any disability and any substance that may trigger a severe allergic reaction or an anaphylactic shock in the student.

Disabilities _____

Allergies _____

4. MEDICAL RELEASE INFORMATION:

PARENT/GUARDIAN SIGNATURE (required for ALL registrants)

I give permission for hospital or medical center staff to administer any necessary treatment immediately to my child should he or she be sick or injured during the 2021 Network Winter Blitz. I do not hold the Network Student Ministries Department office nor its respective officers and staff responsible for any injury as a result of my child’s participation in the event.

Child is free from contagious health problems: ___YES ___NO

While at event, will the student be taking any medications? ___Yes ___No

If yes, please list all medications he/she will be bringing to the event.

All medications must be in prescribed or purchased packaging:

List all Allergies:

Type of reaction experienced and treatment required:

List any other health related problems, including medical care within the past six (6) months:

Please list any special dietary instructions:

My child should not be permitted to participate in any of the following activities:

___Running ___Leaping ___Hurdling ___Swimming ___Bowling ___Roller Skating ___Basketball

___Volleyball or Other: _____

5. SIGNATURE:

PARENT/GUARDIAN SIGNATURE (required for ALL registrants)

_____ Date ___/___/_____

Your signature indicates that you understand and support your child’s involvement in Winter Blitz and will abide by all rules, guidelines, and medical release. I (parent/guardian) do hereby give permission for my child referenced in this application to participate in all activities and to allow photographs, videotapes and interviews to be taken during Winter Blitz. I further give permission and consent that such media may be used to illustrate, promote and advertise the West Florida Ministry Network Assemblies of God. I/We also acknowledge that participation in all event-related activities necessarily involves risk of physical injury. I/We also acknowledge that my child is under the direct supervision of the church leadership they are attending with.