

# Student Winter Blitz Registration

February 11-12, 2022

•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

\$70 Includes:

Friday Fun Night (Rock'lt Lanes)  
Saturday Services  
Saturday Lunch

\$40 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)**

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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:**

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List all Allergies:

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Type of reaction experienced and treatment required:

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

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Please list any special dietary instructions:

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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.