

Registration form

Those eligible to attend: 7th grade in the fall through senior in high school. One parent must be an Iowa AG minister.

Name: _____

Age: _____ Birthdate: _____ Grade in the fall: _____

Address: _____

City, St, Zip: _____

Parents Name: _____

Church: _____

This form must be accompanied by the health and consent forms.

Deadline for registration is August 10, 2009



2009 IOWA MINISTRY NETWORK PK RETREAT AUGUST 16-18, 2009

Important Information

- August 16: Arrive at the campgrounds in Ogden at 7:00pm. Eat your evening meal before you arrive.
- We will not have T-shirts this year, so be sure to bring enough clothes with you.
- August 17: We will leave for the Mall of America at 7:00am sharp(everyone will have a sack breakfast on the bus). We will return to the campgrounds between 10:00pm and midnight.
- Each PK attendee will receive a gift card to spend at the mall.
- Be sure to bring extra money for meals and snacks while at the Mall. We suggest that each child bring \$25. There is no other charge for PK Retreat.
- August 18: Parents need to pick up their children at 11:00am. No noon meal will be served.
- Come prepared to have a blast, renew old friendships and create new ones.
- Hosts for the Retreat will be Tom and Lori Jacobs and Heath and Ali Adamson.
- Download the health and consent forms from our website: www.imnag.org. If you are unable to download this information, please call our office and we will mail them to you.
- If you have any questions, please call our office at 515.276.5493 or email mhays@imnag.org.
- Deadline for registration is August 10, 2009.

Mall of America



Sunday evening activities:

Zip Lines (must have closed toed shoes to ride)

Cell Phone Scavenger Hunt

Bonfire

Snacks

Monday activities:

Travel to Minneapolis via Chartered Bus to the Mall of America!

Tuesday morning activities:

Devotions

Leave for home at 11:00am

PK Retreat

AUGUST 16-18, 2009

TRIP TO MALL OF AMERICA

IOWA MINISTRY NETWORK

10525 BUENA VISTA COURT

URBANDALE IA 50322



2009 Parental Consent Form

Dear Parent/Legal Guardian:

Thank you for entrusting your child to our care during our PK Retreat. We promise to take exceptional care of each and every child placed in our custody. We do ask that you complete the following forms and also, that you have your signature notarized. Please do not hesitate to contact us at the office if you have any questions concerning this form or the retreat.

We look forward to getting to know your child better and letting them get to know us in a much more informal manner!

Blessings on each of you as you work so diligently in your community for our Lord and Savior!

Tom and Lori Jacobs
Iowa Ministry Network Superintendent

Please initial on the line next to each section:

Parental Consent for Travel

___ I give permission for my child, _____, currently in grade ____, to travel in transportation provided by the Iowa Ministry Network for the PK Retreat.

Other Items

I understand that photos and videos could be taken of my child during our activities and (initial by one)

___ give my permission for these to be used in promotional materials.

___ would prefer that pictures of my child not be used in promotional materials.

The following people are authorized to pick up my child: _____

___ If my child is to ride home with someone other than a parent/legal guardian I/we will provide a signed note that states who will be providing transportation.

Parental Consent for Medical Treatment of Minor

(Name of Parent/Guardian—please print)

(Name of Child—please print)

(Name of Parent/Guardian – please print)

Emergency Phone Number(s)

Please initial on the line next to each section:

___ The parent(s) or guardian(s) listed above have temporarily entrusted their minor to the care of Iowa Ministry Network. If after reasonable attempts are made to contact the parent(s) or guardian(s), and the parent(s) or guardian(s) are unavailable, the following medical care may be given to our minor child:

___ The parent(s) or guardian(s) authorize Iowa Ministry Network and the adult members of its staff to consent to any x-ray examination, anesthetic, medical and/or surgical diagnosis and/or treatment, hospital care, and/or dental care for the child which is recommended by a licensed medical care provider and which will be performed by a licensed medical care provider, licensed with the state or county where the services are to be performed. Special medical care information for the student is on the next page of this form.

___ The parent(s) or guardian(s) understand that this authorization is given before any x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and/or hospital care is provided, but is given to provide authority and power to Iowa Ministry Network and its staff members to give specific consent for medical or dental treatment or hospital care when advised by a licensed medical care provider and when the child's parents are unavailable to give consent.

___ The parent(s) or guardian(s) authorize any hospital which has provided treatment to the child to return physical custody of the child to Iowa Ministry Network and its adult staff members when treatment is completed.

___ The parent(s) or guardian(s) agree to fully pay for any and all costs of medical or dental care provided to the minor and consented to by Iowa Ministry Network and/or its adult staff members.

This authorization shall remain effective until September 1, 2009.

Parent/Guardian Initial _____ Parent/Guardian Initial _____ Notary Initial _____

Medical Information

Please Print Legibly:

Child's full name: _____ Date of Birth: _____

Special medical conditions of child, such as diabetes, allergic reactions, asthma:

Medications currently being used on a regular basis: _____

Activity Restrictions: _____

Doctor's Name: _____ Dr. Phone # _____

Doctor's Address: _____ Hospital Preference: _____

Dentist's Name: _____ Dentist's Phone # _____

Insurance Information:

Insurance Company: _____ Please provide a copy of card covering your child.

Policy Number: _____ Plan Number: _____

Emergency Contact Information

Address: _____ Hm Phone _____

Mother/ Guardian's Name: _____ Wk Ph: _____ Cell: _____

Father/Guardian's Name: _____ Wk Ph: _____ Cell: _____

Alternate Emergency Contact: _____ Relationship to Child: _____

Hm Phone: _____ Wk Phone: _____ Cell: _____

Date information supplied on this form: _____ Initials of Guardian: _____ Initials of Notary: _____

****Important: Some doctors/medical facilities will not accept the medical authorization unless the form is notarized. You may be able to find a notary at your work or bank. You must sign in the presence of the notary or they cannot validate this form.****

We agree to indemnify and hold Iowa Ministry Network harmless from all damages, judgments, expenses, attorney's fees and compensation arising out of personal injury, death or property damage sustained in whole or in part by any or all persons whatsoever as a result of or arising out of any act or commission of Iowa Ministry Network, its agents or employees or caused by a disaster/emergency (flood, fire, etc.)

Father's signature Date

Mother's signature Date

Witness Date

STATE OF _____ COUNTY OF _____

On this _____, before me, the undersigned, a Notary Public in and for the said State, personally appeared _____ and acknowledged to me that they are the parent(s)/guardian(s) of the above named minor child, and executed the foregoing instrument as their voluntary act and deed both on their own behalf and in their representative capacity on behalf of the minor child.

Seal: 

Notary Public in and for said State