

# ANNUAL DAUGHTERS OF THE KING GIRLS' RETREAT

Friday, July 29 - Sunday, July 31, 2016

## POOL PERMISSION

Attendees, who are 8 years old and up, must have the permission of a parent or guardian before they will be allowed to participate in pool activities. The maximum depth of the pool is 5 feet.

***NOTE: Attendees under the age of eight (8) will not participate in pool activities.***

Please check one and sign below.

- I DO give \_\_\_\_\_ permission to participate in pool activities.  
 I DO NOT give \_\_\_\_\_ permission to participate in pool activities.

\_\_\_\_\_  
Signature of Parent /Guardian

\_\_\_\_\_  
Date

## PHYSICAL ACTIVITIES

Should this child's activity be restricted involving swimming or other competitive sports?

- Yes       No

If yes please explain the restrictions and degree of restrictions

\_\_\_\_\_  
\_\_\_\_\_

## FOOD ALLERGERIES

Does your child have food allergies?      Yes      No

If yes, please explain? \_\_\_\_\_

## MEDICATION AUTHORIZATION

Does your child take medication regularly?      Yes      No

If yes, do you give Daughters of the King and its agents, employees and volunteers permission to assist with providing your child "the" medication(s) listed below?

### MEDICATION

### DOSAGE

\_\_\_\_\_  
\_\_\_\_\_

DAUGHTERS OF THE KING – A CHRISTIAN MENTORING MINISTRY FOR GIRLS

Website: [DOTKingalways.com](http://DOTKingalways.com)  
Email: [DOTKing04@yahoo.com](mailto:DOTKing04@yahoo.com)

# ANNUAL DAUGHTERS OF THE KING GIRLS' RETREAT

Friday, July 29 - Sunday, July 31, 2016

## HEALTH STATE OF PARTICIPATING CHILD

Check any current or past health conditions that may require attention while participating in the above event.

Does your child wear glasses? Yes No

Contacts? Yes No

Has your child had any recent operations or injuries? Yes No

If yes, please explain: \_\_\_\_\_

Does your child have any history of emotional or behavioral disturbance? Yes No

If yes, please explain: \_\_\_\_\_

Does your child have any special conditions to be watched for such as convulsions/seizures, allergies, fainting, sleep walking, etc? Yes No

If yes, please explain: \_\_\_\_\_

Menstrual problems (be specific) \_\_\_\_\_

Bed wetting (be specific) \_\_\_\_\_

Sinus problems or headaches (be specific) \_\_\_\_\_

Respiratory (be specific) \_\_\_\_\_

Diabetes (be specific) \_\_\_\_\_

Bee sting/insect (be specific) \_\_\_\_\_

Hearing problems (be specific) \_\_\_\_\_

Heart problems (be specific) \_\_\_\_\_

Other \_\_\_\_\_

Please explain any area identified above or other conditions not identified above:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date:

DAUGHTERS OF THE KING – A CHRISTIAN MENTORING MINISTRY FOR GIRLS

Website: [DOTKingalways.com](http://DOTKingalways.com)

Email: [DOTKing04@yahoo.com](mailto:DOTKing04@yahoo.com)

# ANNUAL DAUGHTERS OF THE KING GIRLS' RETREAT

Friday, July 29 - Sunday, July 31, 2016

## EMERGENCY CARE INFORMATION

*NOTE: This form must accompany the child's registration form at the time the child is registered. Please print legibly.*

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Parent/Guardian's Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Parent/Guardian's Home Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Mobile (\_\_\_\_) \_\_\_\_ - \_\_\_\_

## EMERGENCY CONTACTS OTHER THAN PARENT/GUARDIAN

1) Name \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_ - \_\_\_\_

2) Name \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_ - \_\_\_\_

## PHYSICIAN/INSURANCE INFORMATION

Physician's Name \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Insurance Company: \_\_\_\_\_

Insurance Company Phone Number (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Policy Number \_\_\_\_\_

Policy Holder's Name \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_ - \_\_\_\_

**Emergency Medical Treatment:** I understand every effort will be made to contact the parents/guardian or listed contact in case of emergency. In the event I cannot be reached, I hereby give permission for my child to be transported to the nearest medical facility. I also understand that I will be responsible for payments of any medical expenses incurred on my child's behalf. Furthermore, I authorize all medical and surgical treatment X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that either parent/guardian or listed contact cannot be reached in the case of an emergency. \_\_\_\_\_  
(Initial here).

Please complete the "**Medication Authorization**" form to be able to give your child any medications. The undersigned agrees that the above information is correct and accurate to the best of his/her knowledge.

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

DAUGHTERS OF THE KING – A CHRISTIAN MENTORING MINISTRY FOR GIRLS

Website: [DOTKingalways.com](http://DOTKingalways.com)

Email: [DOTKing04@yahoo.com](mailto:DOTKing04@yahoo.com)

# ANNUAL DAUGHTERS OF THE KING GIRLS' RETREAT

Friday, July 29 - Sunday, July 31, 2016

## PHOTO RELEASE

Does Daughters of the King, New Life Church, United Love Church, Beacon Hill Missionary Church, Mount Pleasant Baptist Church and Christ Fellowship Church have your permission to use your child's photographs on our website or any other publication?

Yes

No

By selecting no your child **could** be asked not to participate in group photos.

## WAIVER OF LIABILITY RELEASE

**PLEASE BE ADVISED THIS RELEASE FORM WAIVES SPECIFIC LEGAL RIGHTS YOU MAY HAVE IN CONNECTION WITH INJURIES OR EVENTS ARISING OUT OF YOUR CHILD'S ATTENDANCE IN THE RETREAT. READ THIS CAREFULLY BEFORE SIGNING BELOW.**

I/We release Daughters of the King, New Life Church, United Love Church, Beacon Hill Missionary Church, Mount Pleasant Baptist Church and Christ Fellowship Church from liability in case of injuries or illnesses which my child may sustain resulting from participation in retreat activities. I expressly acknowledge on behalf of myself and my heirs that I assume the risk of any and all injuries and illnesses which may result from participation in these retreat activities. I hereby release and discharge Daughters of the King, New Life Church, United Love Church, Beacon Hill Missionary Church, Mount Pleasant Baptist Church and Christ Fellowship Church, their agents, servants, assigns, and employees from any and all claims for injury, illness, death, loss or damage, which my child may suffer as a result of my child's participation in these activities. I understand that the Daughters of the King, New Life Church, United Love Church, Beacon Hill Missionary Church, Mount Pleasant Baptist Church and Christ Fellowship Church are not responsible for personal property lost or stolen at the retreat facility. By signing my signature below I acknowledge that I have read this form and that I understand I am waiving my rights to specific legal rights I might otherwise have against Daughters of the King, New Life Church, United Love Church, Beacon Hill Missionary Church, Mount Pleasant Baptist Church and Christ Fellowship Church and its affiliated agents, employee and volunteers, which might exist if I were not to sign this form.

\_\_\_\_\_  
Parent / Guardian Signature:

\_\_\_\_\_  
Date:

DAUGHTERS OF THE KING – A CHRISTIAN MENTORING MINISTRY FOR GIRLS

Website: [DOTKingalways.com](http://DOTKingalways.com)

Email: [DOTKing04@yahoo.com](mailto:DOTKing04@yahoo.com)

# ANNUAL DAUGHTERS OF THE KING GIRLS' RETREAT

Friday, July 29 - Sunday, July 31, 2016

## PERMISSION TO PARTICIPATE IN OFF-SITE ACTIVITIES

I, \_\_\_\_\_ (“Parent/Guardian”), as parent(s) or legal guardian(s) of \_\_\_\_\_ (“Child”), give permission for my Child to participate in the Daughters of the King’s (“DOTKing”) activities taking place off site. I understand that transportation to and from these activities will be provided for my child by DOTKing.

If I choose to not have my child participate in one or more off-site activities, I must make other care arrangements for my child during the times of that off-site activity.

I assume all risks and hazards of loss or injury of any kind that may arise in connection with such trips, and I do hereby agree to release and hold harmless DOTKing, its officers, members, representatives, agents and assigns from any and all claims, costs, suits, actions, judgments, and expenses for any damage, loss, or injury to my child or damage to my child’s property arising from her participation in off-site activities.

\_\_\_\_\_  
Parent / Guardian Signature:

\_\_\_\_\_  
Date:

DAUGHTERS OF THE KING – A CHRISTIAN MENTORING MINISTRY FOR GIRLS

Website: [DOTKingalways.com](http://DOTKingalways.com)

Email: [DOTKing04@yahoo.com](mailto:DOTKing04@yahoo.com)

# ANNUAL DAUGHTERS OF THE KING GIRLS' RETREAT

Friday, July 29 - Sunday, July 31, 2016

## BEHAVIOR AGREEMENT

### Behavior Agreement

The *behavior* contract is a written *agreement* about how the individual will behave during the retreat. The purpose is to provide the participants with structure and self-management guidelines. If the participant fails to behave according to the outlined guidelines the chaperon will contact the retreat leaders (Leslie Johnson & Kim Collins) immediately. If necessary they will contact the participant's parent or legal guardian.

Our overarching guideline for participants in the girls' retreat is they conduct themselves in a manner that is pleasing to God and brings honor to Him. We expect that participants will listen to the speakers & chaperons, follow retreat guidelines, and treat each other with respect and kindness.

1. I will carry myself in a manner that is pleasing to God and brings honor to Him.
2. I will respect the other girls and their opinions and treat them with respect and kindness (LOVE).
3. I will represent God, Daughters of the King, my family and myself positively at all times during the retreat.
4. I will cooperate with my chaperon, retreat leaders and my sisters in Christ.
5. I understand there will be no cell phone use or other electronic devices during the retreat.
6. I will not yell or run in the building.
7. I will act and speak positively and kindly to all, which does not include negative remarks or words like shut up, stupid, dumb, etc.
8. Before leaving the room (conference room, sleeping room, etc), I will ask an adult retreat leader for permission.
9. I will work to get along with others and will be open to getting to know someone I do not already know.
10. I will not isolate myself from the group or shun other girls.
11. I will not enter the conference room with wet clothes (if entering the pool).

Please let us know that both you and your child have read and spoken about expected behaviors by signing below.

Parent or Guardian Signature & Date: \_\_\_\_\_

Child's Signature & Date: \_\_\_\_\_

DAUGHTERS OF THE KING – A CHRISTIAN MENTORING MINISTRY FOR GIRLS

Website: [DOTKingalways.com](http://DOTKingalways.com)

Email: [DOTKing04@yahoo.com](mailto:DOTKing04@yahoo.com)