****

**2022 MPACT GIRLS’ RETREAT**

PARTICIPANT REGISTRATION FORM

*PLEASE PRINT CLEARLY*

Last Name

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

First Name Middle

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Social Security Number Date of Birth Age Grade (Next Fall)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | - |  |  | - |  |  |  |  |  |  |  |  |  | - |  |  | - |  |  |  |  |  |  |  |  |

Mailing Address

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

City State Zip Code Area Code + Home Phone Number

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Parent/Guardian Names

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Emergency Contact Person

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Parent/Guardian Alternate Phone # Emergency Contact Phone # (Area Code + #)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Name of Church

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

City

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Early Departure Policy:** Please list authorized person to pick-up child other than the parent and/or guardian. They must present an ID upon pick-up.

(First Name, Last Name)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Is there someone we should NOT release your child to? Please list complete name(s).

First Name Last Name Relationship

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

T-shirt Size: (Circle One) Child’s small (6/8) Adult small Adult XL

 Child’s medium (10/12) Adult medium Adult XXL

 Child’s large (14/16) Adult large Adult XXXL

## CREDIT CARD PAYMENTS  CASH OR  CHECK

##

##

(Credit Card Number)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

(Exp. Date) (Security Code – 3 digit number on back)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |

(Name on Card)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

(Address)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

(City and State)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

(Zip Code)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |

Partial payments are not accepted. Refunds will be made at the end of the camping session minus a $25 service fee.

.

 MC

 VISA

 

**Make check payable to NCAG.**

**Mail payment to:**

NCAG Girls Ministries

2660 Yonkers Rd, Ste 130

Raleigh, NC 27604

**Amount Paid: $\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_$\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Amount Paid: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Retreat Cost: $169**

 *Includes: Lodging, meals, & t-shirt.*

$85 Deposit due by June 28th

Final payment of $84

due by July 25th

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Signature of Card Holder)

**REGISTRATION**

Carefully read the retreat fees and dates on the registration form. NO walk-ins, phone registrations, or partial payments will be accepted! Registration begins at 2:00 pm on opening day. First meal on Friday is 6:00 pm. Checkout on Sunday is at 2:30 pm!!!

**RULES & REGULATIONS**

These rules are given as guidelines for every participant to follow. This code of conduct has been established for your protection and the benefit of every person present. They must be obeyed at all times! You have pledged yourself to abide by this code during the time you are here.

1. No one is allowed to leave the grounds without specific permission from the retreat director.
2. We reserve the right to inspect contents of all personal belongings. The holding and/or disposal of improper content is the right of the retreat staff.
3. No fireworks, tobacco products, alcoholic beverages, or drugs are allowed on the grounds.
4. These items are **not** allowed:
	* Student’s cell phones
	* Student’s electronic tablets or MP3s
	* Hand-held video games
	* Firearms, knives
	* Articles of clothing displaying questionable content
5. All staff members are authorized to maintain order anywhere on the grounds.
6. The daily schedule must be observed by all. Attendance at all retreat activities is required of all participants and staff.
7. Each participant will perform her duties as part of the privilege of being here. Rooms and adjacent grounds must be kept clean daily.
8. Participants are not permitted to call home except for an emergency. All calls must be approved by sponsor & staff.
9. You are urged and expected to observe habits of personal cleanliness, courtesy, and Christian conduct. Profanity is not allowed.

**RETREAT DRESS CODE**

These rules and guidelines are for every participant to follow:

1. Modest shorts may be worn during the entire retreat. Extremely tight and/or short garments are prohibited. No spaghetti strap tops (straps must be three fingers wide), crop tops, or belly shirts will be permitted.
2. Shoes must be worn at all times.
3. Modest swimwear is expected (with abdominal area covered).
4. T-shirts and shorts must be worn between activities.

**RETREAT PROPERTY DAMAGE**

Charges for items broken/damaged during the retreat will be billed to all parties/individuals involved.

**RETREAT LOCATION**

Haw River State Park

339 Conference Center Dr,

Browns Summit, NC 27214

**TELEPHONE NUMBERS**

NC Girls’ Ministries Office Number

919.965.0225

Haw River State Park

336.342.6163

**NON PARTICIPANT POLICY**

In order to ensure a safe environment for all participants, no visitors are allowed during retreat.

***The lack of cooperation, unnecessary roughness, lack of respect for property, or an unwholesome attitude on the part of any participant will result in expulsion from the retreat. Parents are asked to help in explaining these rules to their children and in encouraging their compliance. Expense of transporting expelled participants home from retreat is the responsibility of the parents.***

***NO REFUNDS WILL BE GIVEN FOR EXPELLED STUDENTS!***

***It is the policy of NCAG Girls’ Ministries to admit all persons without regard to race, color, national origin, sex, age, or disability. The same requirements are applied to all persons without regard to race, color, national origin, sex, age, or disability. There is no distinction in eligibility for or in the manner of providing services by this agency. All facilities of the agency are available regardless of race, color, national origin, sex, age, or disability. All persons and organizations that have occasion either to refer people for admission or recommend this agency are advised to do so. without regard to race, color, national origin, sex, age, or handicap.***

**Statement of Health**

To Be Completed by Parent or Guardian

Insurance Carrier Insurance Co. Phone Number

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Policy Number Group Number

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Insured’s Name (First) (Middle Initial) (Last)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Insured’s Social Security Number

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | - |  |  | - |  |  |  |  |

**Copy (both sides) of Insurance Card MUST be attached to retreat application**.

Can participant swim? Yes □ No □ (Please check one)

Is there any information we should have regarding the welfare of this participant (diisabilities, restrictions, diets, allergies, etc)?

Please list all medications (prescription and/or over-the-counter drugs) your child is currently taking.

I give permission for my child to receive Tylenol, Advil or Tums as prescribed by manufacturer if deemed “medically necessary.”

Yes □ No □ (Check One) If Yes, signature required:

**All medications, prescriptions, & over-the-counter drugs must be brought in the original bottles to the Retreat Nurse!**

**Emergency Treatment Permission**

I do hereby state that I have legal custody of this child, a minor, who resides with me. While this minor is a registered participant at any North Carolina Assemblies of God camp/retreat, I hereby authorize any director, counselor, nurse, dean, lifeguard, or other responsible person of said Retreat to consent to any x-ray, examination, anesthetic, medical or surgical treatment, and hospital care, to be rendered to this minor under the general or special supervision and on the advice of any physician or surgeon licensed to practice in the United States, when such medical or surgical treatment is necessary. I also give permission for my child to receive over-the-counter medication from the retreat nurse if necessary.

I (we) have read the rules and agree to abide by them and do hereby give permission to participate in all retreat activities. Also, permission is given to the NCAG to use photographs (individual or group) and/or multimedia images and recordings in the best interest of NCAG.

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

Parent/Guardian Signature (Required)

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

Participant Signature (Required)



# YOU MUST INCLUDE A COPY (BOTH SIDES) OF INSURANCE CARD