

District Choir Tour Release Form

Please mail by July 1st, along with registration fee to:

District Choir Tour
PO BOX 2168
Alma, AR 72921

The District Youth Choir will tour July 12th to July 21st in the state of Arkansas. This choir is only for youth ages 13-19. The registration fee of \$125 includes all meals, lodging, transportation, and fun day cost. Students will need spending money for any extra drinks, snacks, etc.

PLEASE PRINT ALL INFORMATION

Name _____ Male () Female () D.O.B. ____/____/____
Address _____
City _____ State _____ Zip _____
Email Address: _____
Parent/Guardian Names _____
Phone Number _____ - _____ - _____ Alternate Phone Number _____ - _____ - _____
Home Church _____
Pastor's Name _____ Pastor's Phone Number _____ - _____ - _____

ALTERNATE EMERGENCY CONTACT:

Name _____ Phone Number _____ - _____ - _____

PLEASE ANSWER THE FOLLOWING QUESTIONS:

Are you born again?
 Yes No Date: _____
Are you filled with the Holy Ghost, with the evidence of speaking in tongues?
 Yes No Date: _____
Are you attending Sr. Camp this year (June 9-13th)?
 Yes No If no, please explain why not. _____

What areas of ministry do you feel that God has called / gifted you in?

Which vocal part do feel you are strongest at?
 Lead Harmony Alto Tenor Baritone Soprano

Do you play any instruments? (Check all that apply)
 Piano Rhythm Guitar Lead Guitar Bass Drums Other _____

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ABSOLUTE RELEASE OF LIABILITY (This form must be signed by student and guardian)

MEDICAL AUTHORIZATION: In consideration of the opportunity to the Pentecostal Church of God District Youth Choir Tour and for other valuable consideration, I, _____ (parent) hereby certify that _____ (student) is in good health, free from all communicable diseases. I give full permission for said student to participate in any and all activities. In case of medical and/or surgical emergency, I hereby authorize the Physician or Hospital selected by the camp administration to hospitalize, secure proper and appropriate treatment for, and/or order injection, anesthesia and/or surgery for my child (named above) as necessary and this authorization shall serve as a Limited Power of Attorney in accordance with the laws of the State of Arkansas in that regard.

In case of injury or illness, I understand that my primary insurance will be billed first and that the Arkansas District liability insurance will be billed as a secondary provider.

RELEASE OF ALL CLAIMS: With a full and intelligent understanding of my rights and privileges and the rights and privileges of my child named above, I hereby knowingly and designedly waive any and all claims in regard to the potential liability of the Pentecostal Church of God, its Boards, representatives, employees, youth ministry personnel and agents.

PROPERTY LOSS: I further understand that the Pentecostal Church of God, it's Boards, representatives, employees, youth ministry personnel and agents are not responsible for lost, stolen, or damaged items belonging to the above named student. I assume full financial responsibility for any items damaged, destroyed or stolen by or from the above student. In the event the student must return home because of discipline or health reasons, I agree to pay transportation cost and understand that the registration cost will not be refunded.

FOLLOWING RULES: I _____ (student) will follow the rules set forth by the choir tour director and will conduct myself in a Godly manner bearing in mind that I am an example to others.

_____/_____/_____
(Student) (Date)

_____/_____/_____
(Parent or Guardian) (Date)

MEDICAL INFORMATION:
Allergies: (medicines, foods, insect bites, etc.)

Please note any current health problems or disabilities:

List any medications that must be taken:

Date of Last Tetanus Shot ____/____/_____
Family Doctor: _____ Phone # ____ - ____ - ____
Health Ins. Co. _____
Policy # _____ Acct. # _____