



# Girl's Ministries Retreat Camp Dixon May 30 - June 1, 2024

MS Assemblies of God Girl's Ministries Dept.  
PO Box 720309, Byram, MS 39272

Student Name \_\_\_\_\_ Age \_\_\_\_\_

Church Name \_\_\_\_\_

Known Allergies / Medical Conditions:

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

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_ Phone \_\_\_\_\_

## Registration Selection

- \$70 Early Bird (before May 10)
- \$75 Standard Registration (after May 10)

*(Make checks payable to: Girl's Ministries. Registration is Non-Refundable but is transferable.)*

By submitting this form, I agree that the Mississippi District Girl's Ministries, a non-profit corporation, its agents, officers, employees, trustees and volunteers will not be liable for any injury, death, damage and/or loss to my child and/or anyone claiming on their behalf, and I further agree to hold harmless, indemnify and defend the Mississippi District Girl's Ministries, its officers, agents, employees, trustees and volunteers for and from any and all damage during the time of my child's attendance and participation at Mississippi District Girl's Ministries, whether such injury, illness, or damage occurs on or off the event site. I certify that photographs or video of my child participating in the Mississippi District Girl's Ministries programs may be reproduced and utilized for promotional materials for the event. I am at least eighteen (18) years of age, and I am under no mental or legal disability which would prevent me from signing and executing this agreement. I further represent that I have read (or have had read to me) and understood the terms of this agreement.

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

Relationship to Minor \_\_\_\_\_