

# Southern Idaho Ministry Network Men's Retreat 2024 - Registration Form

Name \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Email \_\_\_\_\_ Church \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Church Leader \_\_\_\_\_

## Health Information for Minors ONLY (when parent is NOT in attendance)

Physician \_\_\_\_\_ Phone \_\_\_\_\_ Date of last medical exam \_\_\_\_\_  
 Date of last Tetanus \_\_\_\_\_ Reason for exam \_\_\_\_\_  
 List any medical history we should be aware of (Allergies included) \_\_\_\_\_  
 Medications: \_\_\_\_\_

*Please be sure all medications are in original prescription containers. Medications are to be administered by church leader only.*

### For ADULT Attendee

**WAIVER:** I certify that this health history is correct to the best of my knowledge. I recognize that there are risks involved in participating in Men's Summit and hereby assume all risk of injury, harm, damage, or death in connection to this event. To the fullest extent permitted by law, I release Southern Idaho Ministry Network AG (SIMN), its officers, directors, employees, agents and representatives from any injury, harm, damage or death which could occur and agree to save and hold harmless SIMN, its officers, directors, employees, agents and representatives from any claims arising out of my participation.

While I will be attending Men's Summit, I hereby authorize any di-rector, nurse or other responsible person to consent to any x-ray, examination, anesthetic, medical or surgical treatment, and hospital care on the advice of any physician or surgeon licensed to prac-tice in the United States, when such medical treatment is necessary. I understand I am responsible for the to pay for any medical treatment received.

I also give permission to SIMN to use photographs, multimedia images and/or recordings that I may be a part of in the best interest of SIMN.

Medical Insurance: \_\_\_\_\_

Policy #: \_\_\_\_\_

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

Phone: (\_\_\_\_) \_\_\_\_\_

### For MINOR Attendee

Are all IMMUNIZATIONS current with State's requirements? Yes No

Explain: \_\_\_\_\_

*Please discuss any mobility limitations - activity restrictions - special medical needs - dietary instructions that your student may have.*

**PARENTAL AUTHORIZATION:** I, the undersigned, certify that I am the parent or legal guardian of (hereafter the "minor child"). I hereby give my son consent to attend the So. Idaho Ministry Network of the Assemblies of God (SIMNAG) Men's Retreat. I further certify that this health history is correct to the best of my knowledge and the minor child has permission to participate in all prescribed activities of the event, except where noted. I recognize that there are risks involved in participating and hereby assume all risk of injury, harm, damage, or death to my minor child in connection with his participation in this event. To the fullest extent permitted by law, I release SIMNAG, its trustees, officers, directors, employees, agents and representatives from any injury, harm, damage or death which may occur to my minor child while participating in the event and agree to save and hold harmless SIMNAG, its trustees, officers, directors, employees, agents and representatives from any claims arising out of my minor child's participation.

Further, being the parent or legal guardian of the minor child, I give the church leader and/or retreat staff permission to transport her to the hospital in case of an emergency. I consent to any medical, surgical, x-ray, anesthetic, or dental treatment that may be deemed necessary for my minor child. I understand that efforts will be made to contact me prior to treatment but, in the event I cannot be reached in an emergency, I give permission to the attending physician to treat my minor child. As parent or legal guardian, I understand that I am responsible for the health care decisions of my minor child and agree that my insurance plan is the primary plan to pay for the medical, dental, or hospital care or treatment that is given to my minor child.

I also hereby give permission to the church leader or retreat staff to inspect the contents of any or all of my child's personal belongings and to withhold and/or dispose of any improper or illegal contents. Permission is also given to SIMNAG to use photographs (individual or group) and/or multimedia images and recordings in the best interest of SIMNAG.

Medical Insurance: \_\_\_\_\_ Policy #: \_\_\_\_\_

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

Relationship: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**UPLOAD THIS FORM WHEN REGISTERING**

**When registering online,  
upload this form with your registration(s).**