



**March 10, 2018**

**An all-state event held at  
New Life Church in Princeton  
for 3rd-6th Graders!**

**Worship – Friends – Pizza Party**

**Speakers & Sessions to Deepen Faith  
Powerful Live Worship**

**Cost: \$35 (REGISTRATION DUE FEB 11)**

(Includes lodging, transportation, t-shirt, lunch, snacks & sessions.)

**Questions?** Call Mindy Goldman at (320) 202-0621.

Complete Back for Registration



**March 10, 2018**

**An all-state event held at  
New Life Church in Princeton  
for 3rd-6th Graders!**

**Worship – Friends – Pizza Party**

**Speakers & Sessions to Deepen Faith  
Powerful Live Worship**

**Cost: \$35 (REGISTRATION DUE FEB 11)**

(Includes lodging, transportation, t-shirt, lunch, snacks & sessions.)

**Questions?** Call Mindy Goldman at (320) 202-0621.

Complete Back for Registration

# MN KIDS XP 2018 // REGISTRATION

## EVENT INFO

**Meet:** (at New Life) 9:30am on Saturday, March 10.

**Pick up:** (at New Life) 4:45pm on Saturday, March 10.

**What to bring:** Bible, Notepad, Pen. NO Electronics.

**Where:** New Life Church, Princeton

## REGISTRATION

Child's Name: \_\_\_\_\_ Gender: M/ F

Grade: \_\_\_\_\_ Birthday: \_\_\_\_\_ Shirt size: \_\_\_\_\_

Roommate request: \_\_\_\_\_

## MEDICAL RELEASE & EMERGENCY CONTACT

I, \_\_\_\_\_ (your name) \_\_\_\_\_ (address)  
am the (Father, Mother, or Legal Guardian) of the above named child, a minor  
who is attending 2018 Kids XP, hereby give my consent, in the event that all  
reasonable attempts to contact me at \_\_\_\_\_ (cell #) have been  
unsuccessful, for the administration of any treatment deemed necessary by the  
appropriate licensed physician or dentist or emergency personnel of the hospital  
or practitioner not having access to the child's medical history:

- Allergies: \_\_\_\_\_
- Medication(s) being taken: \_\_\_\_\_  
(All medications need to be in original containers with dosage information)
- Physical Impairments (Heart, epilepsy, etc.) \_\_\_\_\_
- These may be given if needed: \_\_\_\_\_ Tylenol, \_\_\_\_\_ Ibuprofen,  
\_\_\_\_\_ Throat Lozenges, \_\_\_\_\_ Benadryl
- Other pertinent facts to which the physician should be alerted:  
\_\_\_\_\_
- Insurance: \_\_\_\_\_ Policy No: \_\_\_\_\_

This medical emergency form should be signed by parent or guardian and accompany the child who wishes to participate in the Minnesota District Assemblies of God, Kids XP event. The purpose of the form is to make it possible for parents/guardians to authorize the provision of emergency treatment for young people who become ill or injured while under district authority. You can authorize such emergency medical treatment for your child by completing this form.

Parent/Legal Guardian signature: \_\_\_\_\_

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

# MN KIDS XP 2018 // REGISTRATION

## EVENT INFO

**Meet:** (at New Life) 9:30am on Saturday, March 10.

**Pick up:** (at New Life) 4:45pm on Saturday, March 10.

**What to bring:** Bible, Notepad, Pen. NO Electronics.

**Where:** New Life Church, Princeton

## REGISTRATION

Child's Name: \_\_\_\_\_ Gender: M/ F

Grade: \_\_\_\_\_ Birthday: \_\_\_\_\_ Shirt size: \_\_\_\_\_

Roommate request: \_\_\_\_\_

## MEDICAL RELEASE & EMERGENCY CONTACT

I, \_\_\_\_\_ (your name) \_\_\_\_\_ (address)  
am the (Father, Mother, or Legal Guardian) of the above named child, a minor  
who is attending 2018 Kids XP, hereby give my consent, in the event that all  
reasonable attempts to contact me at \_\_\_\_\_ (cell #) have been  
unsuccessful, for the administration of any treatment deemed necessary by the  
appropriate licensed physician or dentist or emergency personnel of the hospital  
or practitioner not having access to the child's medical history:

- Allergies: \_\_\_\_\_
- Medication(s) being taken: \_\_\_\_\_  
(All medications need to be in original containers with dosage information)
- Physical Impairments (Heart, epilepsy, etc.) \_\_\_\_\_
- These may be given if needed: \_\_\_\_\_ Tylenol, \_\_\_\_\_ Ibuprofen,  
\_\_\_\_\_ Throat Lozenges, \_\_\_\_\_ Benadryl
- Other pertinent facts to which the physician should be alerted:  
\_\_\_\_\_
- Insurance: \_\_\_\_\_ Policy No: \_\_\_\_\_

This medical emergency form should be signed by parent or guardian and accompany the child who wishes to participate in the Minnesota District Assemblies of God, Kids XP event. The purpose of the form is to make it possible for parents/guardians to authorize the provision of emergency treatment for young people who become ill or injured while under district authority. You can authorize such emergency medical treatment for your child by completing this form.

Parent/Legal Guardian signature: \_\_\_\_\_

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