2015 PK Retreat

JULY 27-28 | $50

MINNEAPOLIS, MN

MALL OF AMERICA
PK Retreat 2015 is just around the corner, and I encourage you to make plans for your PK to be a part! I understand that the world of a PK has dynamics that most students never navigate. Our students’ shared experiences create a safe atmosphere for great conversation. Having heard rolling on the floor laughter to PK’s praying together for the most serious of situations, I know they connect. Other students don’t necessarily understand that uniqueness - but this moment creates a great opportunity for camaraderie and friendship for our PKs.

For the last several years, I have seen the results of our PK’s being together, and I would love for your PK to join with our outstanding group this summer! Below you’ll find all the details and related forms. If you would like to talk more about PK retreat, please contact Angela Saak at: asaak@imnag.org.

Thanks for Serving!

Matt Loomis

**What is a PK:** For this event our definition of a PK or pastors’ kid is a child of an Assemblies of God lead pastor or credentialed staff pastor of an Iowa Assemblies of God church who is at least 12 years old by July 27, 2015.

**When:** July 27-28, 2015  
**Where:** Minneapolis, MN | Mall of America  
**Due:** Postmarked by July 6, 2015 with $50 registration

**SCHEDULE**

**MONDAY**
- 10:00AM  Leave IMN
- 12:00PM  Lunch (Provided)
- 3:00PM    Arrive at Mall of America
- 5:30PM    Dinner at mall (Provided)
- 8:30PM    Devotion at hotel
- 9:00PM    Swim Time
- 11:00PM   Room Time

**TUESDAY**
- 7:00AM    Breakfast at hotel
- 8:00AM    Depart for home
- 12:30PM   Arrive at IMN
PARENTAL/GUARDIAN CONSENT FOR MEDICAL TREATMENT OF MINOR

(Name of Parent/Guardian—please print)  (Name of Child—please print)

(Name of Parent/Guardian - please print)  Emergency Phone Number(s)

Please initial on the line next to each section:

___ The parent(s) or guardian(s) listed above have temporarily entrusted their minor to the care of Iowa Ministry Network. If after reasonable attempts are made to contact the parent(s) or guardian(s), and the parent(s) or guardian(s) are unavailable, the following medical care may be given to our minor child:

___ The parent(s) or guardian(s) authorize Iowa Ministry Network and the adult members of its staff to consent to any x-ray examination, anesthetic, medical and/or surgical diagnosis and/or treatment, hospital care, and/or dental care for the child which is recommended by a licensed medical care provider and which will be performed by a licensed medical care provider, licensed with the state or county where the services are to be performed. Special medical care information for the student is on the next page of this form.

___ The parent(s) or guardian(s) understand that this authorization is given before any x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and/or hospital care is provided, but is given to provide authority and power to Iowa Ministry Network and its staff members to give specific consent for medical or dental treatment or hospital care when advised by a licensed medical care provider and when the child’s parents are unavailable to give consent.

___ The parent(s) or guardian(s) authorize any hospital which has provided treatment to the child to return physical custody of the child to Iowa Ministry Network and its adult staff members when treatment is completed.

___ The parent(s) or guardian(s) agree to fully pay for any and all costs of medical or dental care provided to the minor and consented to by Iowa Ministry Network and/or its adult staff members.

(Signature of Parent/Guardian)  (Signature of Parent/Guardian)

(date)  (date)
REGISTRATION

PK INFORMATION
Last Name: __________________________ First: __________________________

Mailing Address________________________ City_________________________ St___ Zip________

Phone #1(_____) _______________________ Phone #2(_____) _______________________

Age on date of departure_______ Birthdate____/____/____

Email Address__________________________________________________________

Church_______________________________________________________________ City________________________

EMERGENCY CONTACT INFORMATION
Legal Guardian Name ______________________________________________________

Mailing Address________________________ City_________________________ St___ Zip________

Phone #1(_____) _______________________ Phone #2(_____) _______________________

Emergency Contact Name___________________________________________________

Mailing Address________________________ City_________________________ St___ Zip________

Phone #1(_____) _______________________ Phone #2(_____) _______________________

MEDICAL INFORMATION
Special medical conditions of child, such as diabetes, allergic reactions, asthma:

________________________________________________________________________

Medications currently being used on a regular basis:

________________________________________________________________________

Activity Restrictions:__________________________________________________________

Does your child know how to swim? YES | NO

Doctor’s Name:_______________________________________________________________

Address:___________________________________________________________ Phone #(_____) _______________________

Insurance Company: __________________________________________________________

Policy Number:________________________________ Plan Number: __________________________

Please attach a copy of card covering your child.
PARENT/GUARDIAN CONSENT FOR EVENT PARTICIPATION

I give permission for my child, ________________________, to travel in transportation provided by the Iowa Ministry Network for the PK Retreat.

I understand that photos and videos could be taken of my child during our actives and:
____ give my permission for these to be used in promotional materials.
____ would prefer that pictures of my child not be used in promotional materials.

I understand that if my child is allowed to ride home with someone other than a parent/legal guardian I/we will provide a signed note that states who will be providing transportation. The following people are authorized to pick up my child: ______________________________________

I have read and understand the information provided regarding the PK Retreat. My child listed on this form has permission to engage in the activities listed above including swimming. I understand that the Iowa Ministry Network and the PK Retreat leadership, or any of its employees are not to be held personally responsible for accidents.

(Signature of Parent/Guardian)  (Signature of Parent/Guardian)

_________________________  ________________________
(date)                        (date)