For Kids 3rd – 6th Grade
Snow Daze

Saturday, February 1, 2020
Check-in: 8:45 a.m.
Event: 9:00 a.m. - 8:00 p.m.
Cost: $25
Pre-registration is required by Wednesday, January 22
Forms available in Kids' Church (no walk up registrations accepted)
Cost covers lunch, dinner and snacks, t-shirt, string bag,
and all lock-in games and activities!
What to Bring: a Bible, a notebook, and something to write with.

Purpose: Kids will experience God in a way they will never forget.
SNOW DAZE IS AN AMAZING TIME OF SERVICE, WORSHIP, GOD, SMALL GROUPS, GAMES, ACTIVITIES, FRIENDS, AND FUN!

Do NOT bring any electronic items. If electronics are brought, Maranatha will keep them until the event is over, parents will be notified and may be required to pick up their child immediately.

Event will be held at the Maranatha Forest Lake Campus,
24799 Forest Blvd., Forest Lake, MN

Maranatha Snow Daze Registration Form

Turn in completed form with payment to Pastor Tina or Pastor Gayle by Wednesday, 1/22

Name of Child: _____ Grade: _____ Age: _____

Sex: Male/Female Birthday: ____ /_____ /_____ Phone Number: (_____)_____

Address: _____City: _____ State: _____ Zip Code: _____

T-shirt (check appropriate size, one shirt included with registration cost):

YOUTH (sizes run small): M(9-10) ____; L(11-12)____ XL(13-14) ____

ADULT: S ____; M ____; L ____; XL ____

Medical Conditions (if any): _____

Physical Restrictions (if any): _____

Allergies (Food / Medications / Other): _____

Medications bringing to Snow Daze: _____

*All medication, including non-prescription drugs, must be turned into the registration team upon arrival in the original bottle or packaging with the Snow Daze medication form (available next to registration form).

My child may be given Tylenol, Ibuprofen and/or antacids as deemed necessary by the Snow Daze nurse: ___ Yes ___No

Name(s) of visitor bringing: _____

(Small groups are created by age/sex so we cannot guarantee child will be assigned the same group as visitor.)

Parent's Name (print): _____ Cell Phone: (_____)_____ Text? Yes or No

Email Address: _____ Check email? Yes or No

Emergency contact in case parent cannot be reached:

Name:_____ Relationship: _____ Cell Phone: (_____)_____

We need your help. Please sign up for one of the following:

_____ Event Setup: week of January 26-31

_____ Registration: Saturday, February 1 – 8:30 a.m.

_____ Lock-in/Game Time: Saturday, February 1 – 3:15-5:30 p.m.

_____ Event Cleanup: Saturday, February 1 – 6:00 – 9:30 p.m.

Medical & Liability Release: I have read and approved the included information. You have my permission for my child to attend Snow Daze and participate in its activities. I, acting on my own behalf, also release Maranatha Assembly of God, its agents, assigns, staff, employees, as well as volunteer workers from any liability whatsoever arising out of property damage or loss as well as any injury, sickness or death which may be sustained by my child as the result of participation in the Snow Daze program. I am aware of the risks associated with the participating in Snow Daze activities and accept participant's participation with full awareness of these risks. I understand that Snow Daze counselor refers to "a person in charge of a group of children at Snow Daze" and does not imply the individual is licensed to give counsel. I authorize Maranatha Assembly of God to use our child's likeness in photographs or video in any and all of its publications and in any and all other media. We will make no monetary or other claim against Maranatha Assembly of God for the use of such photographs or video. Parent's signature authorizes emergency treatment in the event of illness/injury and parents not immediately available, and authorizes Snow Daze personnel to inspect any child's belongings to see that they have not brought any prohibited or illegal items.

Parent Signature: _____ Date _____

OFFICE USE ONLY: Paid by Cash ($25) _____; Check ($25) _____; Credit Card ($27) _____; Registered _____