

October 5, 2019
La Porte 1st Assembly
Registration Deadline:
September 20, 2019

Kids In Ministry

District Office Use ONLY
Amt. Paid _____
Paid With _____

Registration Fee: \$20.00 per Person-First Entry
(\$5.00 for each additional entry)

Name: _____ Age: _____
Address: _____ City: _____
State: _____ Zip: _____ Phone: () _____ Circle One: Male Female
Parent/Guardian Name: _____
Church Name: _____ Church City: _____
Sponsor's Name: _____ Church Phone: () _____
Emergency Contact: _____ Phone: () _____

Categories: (Circle All Events in which you will be participating)
Presentation Ministries (Can Choose Up To Any Four Entries)

Music Division:

Choir (7+ singers) Vocal Solo Vocal Ensemble (2-6 singers) Vocal Songwriting
Christian Band Instrumental Solo Instrumental Ensemble Instrumental Arrangement
***Instrument(s) to be played: _____
Accompanied by: (circle one) CD/MP3/piano/keyboard

Drama Division: (Indicate if black light will be used)

Drama Solo Drama Group Human Video Solo Human Video Group
Sticks Solo Sticks Group Worship Dance Solo Worship Dance Group

Outreach Division: (Indicate if black light will be used)

Puppetry Solo Puppetry Group Sign Language Solo Sign Language Group
Clowning Solo Clowning Group Bible Memorization Object Lesson/Short Sermon

Non-Presentation Ministries (Unlimited Entries)

Creative Writing Division: (Must be delivered by 9:30 am the day of the event)

Short Story Poetry Missions Display Board Ministry Display Board
Community Ministry Essay

Visual Art Division: (Must be delivered by 9:30 am the day of the event)

2-D Art 3-D Art Crafts Baking with Essay Science
Technical – Graphic Design, Movie Making, PowerPoint

I, the parent or legal guardian of _____ (child's name) do hereby state that I have legal custody of the child who resides with me and I give my permission for my child to attend Kids in Ministry and participate in all activities. In consideration of my child being allowed to participate in this event, I authorize the South Texas District Council of the Assemblies of God to use my child's likeness in photographs or video in any and all of its publications and in any and all other media. I will make no monetary or other claim against the District for the use of such photographs or video. I give my permission for authorized personnel to inspect child's belongings to insure that they have no illegal or prohibited items. I will be held responsible for any and all damages my child may cause to the site facilities. I hereby authorize any authorized personnel to obtain any medical care necessary. Parent's signature authorizes emergency treatment in the event of illness/injury when parents are not immediately available. I understand if necessary, the child will be taken to a nearby hospital and will be attended by a physician on call. I further understand that I will be responsible for any medical expenses incurred.

Signature of Parent or Guardian

Date (Required)