



Camp Metigoshe 2023 Voyageur Day At Camp Registration Form



CAMPER INFORMATION

First and Last Name

Mailing Address

City, State Zip

Date of Birth (Month/Date/Year)

Gender

AGENCY CONTACT INFORMATION

Agency

Agency Contact Person

Phone Number

ALLERGY AND DIETARY INFORMATION

Allergies:

Dietary Concerns/Restrictions

Medical information is not being requested for this camp, as agencies will be attending the camp with the Voyageur camper. However, if there is medical information that you feel we should be aware of, please list this information below.

Vaccinated for Covid-19?

____ Yes

____ No

May Metigoshe Ministries use the camper's image (photo/video) for promotional purposes?

____ Yes

____ No

CAMPER OR GUARDIAN SIGNATURE TO THE FOLLOWING IS REQUIRED

EMERGENCY AUTHORIZATION: I hereby give permission to the medical personnel selected by the camp director to order X-Rays, perform routine tests, and treat the person herein; and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment, and order injection and/or anesthesia and/or surgery for the person named herein. I give my approval to photocopy this form for use at camp.

Camper or Guardian Signature

Date

Voyageur Day at Camp is July 19 from 10 am to 3 pm.

COST OF CAMP: \$50 (PLEASE SUBMIT WITH THIS REGISTRATION FORM AND MAIL TO:

Metigoshe Ministries – 165 Lake Loop Road – Bottineau, ND 58318-8242