



Metigoshe Ministries

Youth Retreat Registration and Health and Safety Agreement



YOUTH INFORMATION (ONE FORM FOR EACH PERSON ATTENDING)

First and Last Name		
Mailing Address		
City, State, Zip		
Best Phone Number to Reach You		
Date of Birth	Gender:	Grade Entering Next Fall:

PARENT/GUARDIAN AND EMERGENCY CONTACT INFO

Parent/Guardian(s) First and Last Name(s) Complete only if under 18	
Relationship to Camper	
Mailing Address City, State, Zip	
Home Phone	
Cell Phone	
E-mail Address	
Emergency Contact Name if Parent/Guardian unavailable	
Relationship to Camper	
Phone of Emergency Contact	

HEALTH HISTORY AND MEDICAL INFORMATION

Allergies: Food/Medications/Insects/Other	
Dietary Concerns/Restrictions	
Other Health Issues	

HEALTH AND SAFETY AGREEMENT

Although the fullest safety and health precautions are taken, Metigoshe Ministries does not assume responsibility for any illness or accident. I have read all of the registration materials, policies, guidelines and details provided by Metigoshe Ministries and agree to abide by the requirements set forth therein. I hereby accept and agree to abide by the provisions of the Health and Safety Agreement.

Signature of Guest (Or Parent/Guardian if under 18)	
Date	