



# 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	

### PARENT/GUARDIAN AND EMERGENCY CONTACT INFO

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