



MISSION MEADOWS

RETREAT REGISTRATION FORM

Basic Information

Name _____ Gender M / F Birth Date _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Email _____

Home Church _____

Students Only

Grade _____ Parent/Guardian Name(s) _____

Emergency Contact

Name _____ Relationship _____

Phone Number _____

Medical Information

Allergies (include severity)

Medications (include purpose and dosage)

Special needs or concerns (include dietary restrictions)

Health Insurance Company _____ Policy# _____

Agreement

I agree/ I give permission for the above named student to participate in the above selected retreat at Mission Meadows. I hereby release Mission Meadows and its staff from responsibility and liability for any injury or illness that the above named person may sustain during this retreat. In the event of an emergency, I hereby authorize an adult leader of this activity as an agent for me to consent to any necessary medical care. Mission Meadows may use comments, photos, video, etc. of the above named person for promotional materials.

Signature (if under 18, parent/guardian must sign) _____ Date _____