



# 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 \_\_\_\_\_