

# Youth Group Retreat

## Registration Form

### Participant Information

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_

Gender: \_\_\_\_\_

Parent/Guardian Name (if under 18): \_\_\_\_\_

Parent/Guardian Contact: \_\_\_\_\_

### Retreat Details

Retreat Name: \_\_\_\_\_

Date: \_\_\_\_\_

Location: \_\_\_\_\_

### Emergency and Medical Information

Emergency Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Do you have any medical conditions or allergies?  Yes  No

If yes, please explain: \_\_\_\_\_

### Consent and Liability Waiver

I agree to participate in the retreat activities and abide by the rules.

I release the organizers from liability except in cases of negligence.

Participant Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Parent/Guardian Signature (if under 18): \_\_\_\_\_

Date: \_\_\_\_\_