



Metigoshe Ministries

Day Camp Registration and Health and Safety Agreement



YOUTH INFORMATION (ONE FORM FOR EACH PERSON ATTENDING)

First and Last Name		Name of Day Camp Attending <hr/> <ol style="list-style-type: none"> 1. I have not been around anyone with any of the listed symptoms or diagnosis of COVID19 in the 14 days before the start of retreat. Initial _____
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		<ol style="list-style-type: none"> 2. No one in our household has been sick in the 14 days prior to retreat. Initial _____ 3. I have not traveled by air or traveled out of state in the 14 days prior to retreat. Initial _____ 4. I have adhered to our state's guidelines regarding COVID19. Initial _____ 5. If you are over 16, have you received a COVID19 vaccination? ___ Yes ___ No Temperature _____ (To be filled in upon arrival at day camp by Camp Metigoshe Staff)
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	