

### Middle School Retreat 2026 Registration Form

Group Name	
Passcode to join the group	
Attendee Type	
<b>Personal Information</b>	
First Name	
Last Name	
Preferred name (on the event pass)	
Address	
Email	
Phone	
Birth Date	
Grade	
Gender	
<b>Medical Information</b>	
Select any medical alerts: (choose all that apply)	<input type="checkbox"/> Gluten free <input type="checkbox"/> Dairy free <input type="checkbox"/> Prescription medication <input type="checkbox"/> Allergy <input type="checkbox"/> Other
Explain:	
Medical Insurance info:	
Name of Insurance Company	
Health Insurance Group Number	
Health Insurance Policy Number	
Phone of Health Insurance Company	
Name of Policy Holder	
Policy Holder's Phone Number	
Emergency Contact Name	
Emergency Contact Relationship	
Emergency Contact Phone Number	

<b>Waiver Form</b>	
Guardian Agreement	
In signing this registration form:	
I hereby certify that the information on the entire form is correct.	
I hereby give my permission:	
	for the use of photographs and videos including my child/ward for event publicity and placement on the Cultivate webpage.
	for my child/ward to be transported in privately owned vehicles to and from all out-of-camp activities.
	for my child/ward to participate in all approved out-of-camp activities and recreation.
	for the release of medical records in case of illness or injury.
In case of a medical emergency, I understand that every effort will be made to contact the emergency contact listed above. In the event that they cannot be reached, I hereby give my permission to the physician or medical staff selected by the Event Director to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for my child/ward as named herein. Further, I affirm that the health insurance information provided below is accurate at this date and will, to the best of my/our knowledge, still be in force at the time of the camp or conference.	
I understand that if my child/ward is involved in the use of alcohol, drugs, or some other gross infraction or is grossly insubordinate to MSR authorities, he/she may be sent home at my own expense.	
Guardian Signature	
Date	
[or]	
Adult Agreement	
In signing this registration form:	
I hereby certify that the information on the entire form is correct.	
I hereby give my permission:	
	for the use of photographs and videos including me for event publicity and placement on the Cultivate webpage.
	for myself to be transported in privately owned vehicles to and from all out-of-camp activities.
	for myself to participate in all approved out-of-camp activities and recreation.
	for the release of medical records in case of illness or injury.
In case of a medical emergency, I understand that every effort will be made to contact the emergency contact listed above. In the event that they cannot be reached, I hereby give my permission to the physician or medical staff selected by the Event Director to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for myself. Further, I affirm that the health insurance information provided below is accurate at this date and will, to the best of my/our knowledge, still be in force at the time of the camp or conference.	
I understand that if I am involved in the use of alcohol, drugs, or some other gross infraction or is grossly insubordinate to MSR authorities, I may be sent home at my own expense.	
Adult Signature	
Date	