



GOOD EARTH VILLAGE RETREAT REGISTRATION

*Please complete and send with payment to Good Earth Village
25303 Old Town Dr., Spring Valley, MN 55975, (507) 346-2494*

Program _____ Date _____

Name: _____ M F Grade _____ Date of Birth _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Home Congregation: _____ City: _____

Emergency Contact: _____ Phone: _____

Comments, medical information or food allergies: _____

Roommate Preference: _____

Please Charge \$ _____ to my ___ Visa ___ Master Card ___ Discover
Card # _____ Sec. Code _____ Exp. Date _____
Signature _____

Parent/Guardian: _____ Phone: _____

My child has permission to participate in all aspects of the program at Good Earth Village. I hereby give my permission to the physician selected by the camp director to secure proper treatment, to hospitalize, to order injection, anesthesia, x-ray or surgery for my child as named above. Good Earth Village will make every effort to contact me if my child needs emergency medical and/or surgical treatment. I understand that my insurance has primary coverage and Good Earth Village is secondary. I hereby give permission for my child to participate in trips offsite in camp vehicles, including but not limited to canoeing, overnight offsite camping, and trips to a local swimming pool during the time at camp. I also give permission for pictures and video taken of my child to be used for promotional purposes.

Signed (Parent/Guardian) _____ Date: _____