

Avant Ministries

10000 North Oak Trafficway *Kansas City, MO 64155
816.734.8500 * fax 816.734.4601 * www.AvantMinistries.org



Echo Ranch Consent/Registration Form

To be completed for each retreat participant.

Parents/guardians please sign and complete for children under 18.



Your completing this form will help us better plan for your stay and care for you, especially if an illness should arise. Return to: Echo Ranch Bible Camp, PO Box 210608, Auke Bay, AK 99821 Phone: 789-3777 FAX: 789-4403 www.echoranch.org

Retreater 1

Retreater 2

Retreat group

Retreat group

Name Date of retreat

Name Date of retreat

Sex Birth Date

Sex Birth Date

Mailing Address

Mailing Address

City State Zip

City State Zip

Home phone Cell phone

Home phone Cell phone

Emergency Phone and Name (different from above)

Emergency Phone and Name (different from above)

Has retreater ever had any serious illness/injury or are they currently receiving medical care for any reason? Give details and dates

Has retreater ever had any serious illness/injury or are they currently receiving medical care for any reason? Give details and dates

Medications presently taking and doses

Medications presently taking and doses

Allergies (food, medications, etc.)

Allergies (food, medications, etc.)

Any special conditions

Any special conditions

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Retreater 3

Retreat group

Name Date of retreat

Sex Birth Date

Mailing Address

City State Zip

Home phone Cell phone

Emergency Phone and Name (different from above)

Has retreater ever had any serious illness/injury or are they currently receiving medical care for any reason? Give details and dates

Medications presently taking and doses

Allergies (food, medications, etc.)

Any special conditions

* In recognition of the constant efforts of the camp and its staff members to provide a safe, well-supervised camping experience, we hereby release Avant Ministries, Echo Ranch Bible Camp and all of its staff members from liability for any injury/illness sustained during my / my child's time at Echo Ranch Bible Camp. In case of injury or illness, we give consent for medical care per camp medical staff and/or hospital or surgical care.

Retreater/Parent or Guardian Signature Date

Please PRINT name Phone number

Retreater 4

Retreat group

Name Date of retreat

Sex Birth Date

Mailing Address

City State Zip

Home phone Cell phone

Emergency Phone and Name (different from above)

Has retreater ever had any serious illness/injury or are they currently receiving medical care for any reason? Give details and dates

Medications presently taking and doses

Allergies (food, medications, etc.)

Any special conditions

Retreater/Parent or Guardian Signature Date

Please PRINT name Phone number

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Retreater 5

Retreat group

Name Date of retreat

Sex Birth Date

Mailing Address

City State Zip

Home phone Cell phone

Emergency Phone and Name (different from above)

Has retreater ever had any serious illness/injury or are they currently receiving medical care for any reason? Give details and dates

Medications presently taking and doses

Allergies (food, medications, etc.)

Any special conditions

Retreater 6

Retreat group

Name Date of retreat

Sex Birth Date

Mailing Address

City State Zip

Home phone Cell phone

Emergency Phone and Name (different from above)

Has retreater ever had any serious illness/injury or are they currently receiving medical care for any reason? Give details and dates

Medications presently taking and doses

Allergies (food, medications, etc.)

Any special conditions