

**Registration/ Liability Release Form for CCRC/CYS Youth Retreat
Circle Square Ranch – June 11, 12 & 13, 2010**

**REGISTRATION & RELEASE FORM MUST BE SIGNED BY EACH APPLICANT &
HANDED IN WITH PAYMENT PRIOR TO THE RETREAT.**

Parent/Guardian signature required if applicant is 18 years of age and under.

Participant's Name: _____ Birth Date: _____
Address: _____ Email: _____
Phone #: _____ Please check one Vegetarian ___ Yes ___ No

Church/Parish Attending: _____
Circle Which Apply: Youth, Adult, Clergy, Music Ministry

Family Physician: _____ Phone: _____
Allergies: _____ Current Medical Conditions: _____
Health Card #: (required) _____

***US Citizens only:**
Medical Insurance Provider: _____ Insurance #: _____

Bus Transportation (please check one)
____ Brampton/Mississauga 401/Hwy10 Carpool (across from World Vision) BUS LEAVES **5pm sharp!**
____ Yorkdale Mall (in parking lot facing the 401, BUS LEAVES at **6pm sharp!**)
____ Own transportation

COST FOR RETREAT: \$125.00 all inclusive
PLEASE MAKE CHEQUE PAYABLE TO: CCRC/CYS

PLEASE MAIL APPLICATION AND MONEY TO: Susie Pereira – Contact# 416-577-5851
49 Reeve Road, Brampton, ON L6X 2M8
E:mail catholicyouthservices@hotmail.com

IN CASE OF EMERGENCY PLEASE CONTACT

Contact Person #1:
Name: _____ Phone# (home): _____
Address: _____ (work/cell): _____

Contact Person #2:
Name: _____ Phone# (home): _____
Address: _____ (work/cell): _____

I, (parent/guardian/applicant's name) _____ give permission to the above named to attend CCRC/CYS Youth Retreat held at Circle Square Ranch in Severn Bridge, Ontario to be held **June 13-15, 2010**. If needed for health reasons I give permission for the above named to be evaluated, diagnosed, treated and or given medication in accordance with standard medical practice by licensed medical personal. I relieve the CCRC/CYS and the Circle Square Ranch and all of their directors and personnel of all responsibility and consequences that may arise as a result of this treatment. I will not hold the CCRC/CYS and the Circle Square Ranch and all of their directors and personnel liable in the event of injury or other loss or claim. Further, I agree to accept any and all financial responsibility as a result of securing medical treatment or any other expenses incurred or deriving from the above named attendance to this event. I am also aware that the above named may be photographed or video recorded during activities of this event and I waive all rights to these films.

The above named agrees to abide by all the rules and regulations stated by the retreat committee. I understand that the CCRC/CYS and the Circle Square Ranch will not be held liable if the above named fails to cooperate with the regulations and that any infraction of the rules may result in immediate dismissal from the retreat at my expense. I will not hold CCRC/CYS and the Circle Square Ranch liable for any missing personal items.

Applicant Signature: _____
Parent/Guardian Signature: (required under 18 years of age) _____