

**Registration/ Liability Release Form for CCRC/CYS Youth Retreat  
NEW LOCATION Mount Alverno – June 1<sup>st</sup>, 2<sup>nd</sup> & 3<sup>rd</sup>, 2012**

**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 NEW 1<sup>st</sup> pick will be in Toronto (please check one)**

\_\_\_\_\_ Yorkdale Mall North Parking lot facing Hwy 401, BUS LEAVES at **6:00pm sharp!**

\_\_\_\_\_ Brampton/Mississauga 401/Hwy10 Carpool (across from World Vision) BUS LEAVES **6:30pm 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 cys@hotmail.ca

**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 Mount Alverno in Caledon, Ontario to be held **June 1<sup>st</sup>- 3rd, 2012**. 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, Mount Alverno 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 Mount Alverno 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 Mount Alverno 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 Mount Alverno liable for any missing personal items.

**Applicant Signature:** \_\_\_\_\_

**Parent/Guardian Signature:** (required under 18 years of age) \_\_\_\_\_