

South-West Presbytery Spring Retreat for Grades 7-12  
April 20<sup>th</sup> –April 23<sup>rd</sup>, 2017 at Camp Trillium, Rainbow Lake

**Registration Deadline: March 1, 2017 – Spaces are limited**  
Cost \$110/youth

The true cost of this event is \$180/youth. This event has been generously supported by the South West Presbytery. If financial assistance is needed, first talk to your congregation or youth minister to see how they can support you. Contact Paige Fraser at [southwestyaya@gmail.com](mailto:southwestyaya@gmail.com) for further financial assistance. There is funding and support available so that everyone can attend this event.

If a church is sending 5 or more youth, 1 leader also needs to attend per every 5 youth. Leaders are to be 18 years of age or older. Leaders are volunteering for the weekend. In exchange for attending one training session as well as providing leadership at the retreat event, no registration fee will be charged to the leader.

<b>PARTICIPANT INFORMATION</b>	
Name: _____	Church: _____
I am a <input type="checkbox"/> Youth Participant <input type="checkbox"/> Leader (18 yrs+)	Gender: _____ Age: _____ Grade: _____
Home Address: _____	
Cell Phone: _____	Email: _____
<b>Parent/Guardian 1:</b>	<b>Parent/Guardian 2:</b>
Name: _____	Name: _____
Address: _____	Address: _____
Phone: _____	Phone: _____
Email: _____	Email: _____

BUS: \_\_\_ Islington UC    \_\_\_ N. Bramalea UC    \_\_\_ None

**PERMISSIONS** (Parent/Guardian to initial, date and sign)

- \_\_\_\_\_ MEDICAL ATTENTION: Permission is given for leaders or their designate to permit emergency treatment for my child if deemed necessary. All efforts will be made to contact the parent/guardian before treatment is given.
- \_\_\_\_\_ PERMISSION TO PARTICIPATE (for those under 18 years of age): Permission is granted for our child to fully participate in the Spring Youth Retreat of South West Presbytery April 20-April 23rd. Participation may include physical activities such as games, outdoor activities, and transportation to and from Camp Trillium.
- \_\_\_\_\_ PHOTOGRAPH & VIDEO RELEASE: I give permission for the photo and/or video image of myself/my child, as taken by authorized persons, to be used as memory/promotional material in various United Church of Canada print and electronic resources.

Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

**REQUIRED MEDICAL INFORMATION** (Parent/Guardian to complete)

What should we know about your child's needs that could help us support them best?

Allergies \_\_\_\_\_

Dietary Restrictions \_\_\_\_\_

**Both sides of this form must be filled out to complete registration.**

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Mobility \_\_\_\_\_

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Emotional / Mental \_\_\_\_\_

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Other \_\_\_\_\_

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Current Medication: \_\_\_\_\_ Dosage & Frequency: \_\_\_\_\_

Administered by  youth  adult

Health Card Number: \_\_\_\_\_

### **PAYMENT**

If you are attending as a part of a group, please give your form and money to your youth leader who will submit them all to Paige Fraser.

Payment of \_\_\_\_\_ is enclosed (Cheques should be made payable to "Toronto Conference".)

Send this form and payment by **MARCH 1, 2017** to:

Paige Fraser  
Islington United Church  
25 Burnhamthorpe Road  
Toronto, ON M9A 1G9

### **QUESTIONS?**

Email Paige Fraser at [southwestyaya@gmail.com](mailto:southwestyaya@gmail.com), Karen Eade at [karen@islingtonunited.org](mailto:karen@islingtonunited.org) or Brian Pengelly at [bpengelly@nbuc.ca](mailto:bpengelly@nbuc.ca).

**Both sides of this form must be filled out to complete registration.**