



**Winter Teen Retreat 2016  
Nov. 16 - 18, 2016**

Please return this **form & \$75 by NO LATER THAN Friday, November 4<sup>th</sup>, 2016!**  
Please fill out **one form per participant.**

Name of Participant: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Participant cell #: \_\_\_\_\_ Participant E-mail: \_\_\_\_\_

Parent/Guardian(s) Name: \_\_\_\_\_

Parent E-mail : \_\_\_\_\_ Parent Cell: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Age: \_\_\_\_ Birth date: \_\_\_\_\_ Male: \_\_\_\_ Female: \_\_\_\_

Allergies & Medical Conditions: \_\_\_\_\_

*If any specific medical conditions or problems arise between registration and the date of this event, please present them to Lamont County Family and Community Support Services.*

I require bussing from this location (circle one):

Andrew Mundare Chipman St. Michael Bruderheim Other: \_\_\_\_\_

Alberta Health Care #: \_\_\_\_\_

Blue Cross #: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

In case of emergency, I understand that every effort will be made to contact the parent or guardian of every participant. In the event that I cannot be reached, I hereby give permission to the physician selected by the youth leader present to hospitalize, secure proper treatment for, and to order injections, anesthesia or surgery for my child who is name above. I also understand that Lamont County, Lamont County Family and Community Support Services and their staff agencies will not be held responsible for any lost and/or stolen items. **Participants will be held responsible for all belongings brought to the event, including money.** There will be times in which the participant will be unsupervised. I understand that in the event of extreme or consistent misbehavior, youth will be sent home without refund at the parents' expense.

\_\_\_\_\_  
Signature of Parent or Guardian



**\*\*\*Please fill out the back of this form too!\*\*\***  
**LIABILITY AND PERSONAL INFORMATION WAIVER**

The personal information provided will be used to register yourself or your child in a community program or activity and is collected under the authority of Section 33(c) of the *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection and use of this information, please contact the Lamont County FOIP Coordinator.

I hereby  **authorize**  **do not authorize** (*check one*) Lamont County to use photographs taken of the aforementioned individual(s) while attending or participating in community services programs and activities (scheduled or unscheduled) sanctioned by the County. Photographs may be used to promote the County's programs or used in or as part of publications, advertisements, newsletters and displays intended for the general public. Parents and media may also have the opportunity to take pictures; any of these photos taken during public events cannot be controlled. No other use of these photographs will be allowed.

Under Section 38 of the *Freedom of Information and Protection of Privacy Act*, Municipalities must protect the personal information it collects by making reasonable security arrangements against such risks as unauthorized access, collection, use, disclosure or destruction. Also, Municipalities must comply with Sections 39 and 40 when using and disclosing personal information.

I, \_\_\_\_\_, have informed myself of any and all risks that could take place due to my participation or my child's participation with the program and hereby release the County or Agency, its employees, instructors, agents and volunteers from any claim for loss, injury or damage to person or property either directly or indirectly, from the attendance, including participation in any activity scheduled or unscheduled, supervised or unsupervised, including travel to and from any location for myself or my children.

I acknowledge having read and understood this release and accept the terms therein.

\_\_\_\_\_  
**Signature of Parent or Guardian**



## Teen Retreat Rules

1. Respect everyone at the retreat.
2. Have a positive attitude in all situations.
3. Listen to all the retreat leaders and respect their decisions and requests.
4. Stay in your room at night, unless you have spoken to your leader, and they have approved you leaving (ie to go to the bathroom). It is the leaders' choice to give you approval, **NOT YOURS! BEDTIME IS BEDTIME!**
5. Absolutely no boys in the girls' cabin or girls in the boys cabin without a leader present. The leader must approve that you can be there.
6. Be respectful of Camp Van-Es, and others' belongings. Ask before touching ANYTHING!
7. PUT AWAY anything you bring. If there is a person present that is tempted to steal, you do not want to be the person putting out that temptation.
8. Be on time for all sessions and events and be a willing participant! You ARE required to participate in EVERYTHING!
9. Respect all curfews and check in times while at West Edmonton Mall.
10. Any pranks pulled at the retreat must be approved by your leader, and cleaned up afterwards by YOU!!!
11. HAVE FUN!

By signing below I acknowledge that I understand and will obey all the above rules as well as **any other rules set out by the retreat leaders!**

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Signature of Youth

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Signature of Witness (Parent or Leader)