



# Young Adults Retreat: Let's get ready for WYD



## «Mary arose and went with haste» (Lk 1:39)

**Time:** Jan 7, 2023 9:15 am to 7:30 pm

**Place:** St. Theresa's Parish 7508 29 Ave Edmonton AB T6K 3Y8 780-463-8646 Ext. 2585

**Participants:** 16 - 35 years old

**Cost:** \$10 (please e-Transfer to STRCP.etransfer@caedm.ca mentioning WYD Retreat and your name)

**To register fill out this form, scan or take a photo of it and email to santo@strcp.com after you have e-Transferred \$10**

**Bring your own lunch. Pizza will be served at the end of the retreat**  
(please print clearly)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

With which group are you going to WYD?: \_\_\_\_\_

Email: \_\_\_\_\_

Do you want to receive news of our activities at St. Theresa's and be kept up to date? YES / NO

Allergies: \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_ **relation:** \_\_\_\_\_

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

**Special Needs:** Physical, emotional, mental, behavioural concerns or limitations that we should be aware of?

Yes / No

**If yes, please explain. Feel free to attach a sheet explaining your needs.**

### Waiver

If a medical emergency involving my self should arise at the event, I understand that my "emergency contact" will be contacted as soon as reasonably possible, and I authorize the archdiocesan office, parish, or organization and its staff and volunteers to obtain medical treatment for me, and to consent to medical treatment. I release the archdiocesan office, parish, organization and its staff and volunteers participating at the event (collectively, the "Releases"), from any claims, demands, or actions arising out of any loss, injury or damage to me, notwithstanding that any such loss, injury or damage may have arisen by reason of the negligence of the Releases. I understand that the archdiocesan office, parish, or organization may take photographs, video recordings, and audio recordings of the participants at the event, and I authorize the archdiocesan office, parish, organization to do so. I further authorize the archdiocesan office/parish/organization to use or publish any such images or recordings in its sole discretion. I understand that I shall be required to abide by all of the rules of the event, which will be provided, failure to follow these rules may result in my immediate dismissal from the event.

Signature of participant 18+ (or guardian if minor)

Date (day/month/year)