



*Sisters of*  
OUR LADY IMMACULATE

## RETREAT REGISTRATION FORM 2018

### REGISTERING FOR:

- May 18-21, 2018: IGNITE Retreat Young Women Ages 15-23, Blessed Sacrament Parish, Kitchener, ON
- June 22-24, 2018 Hearts Set Ablaze Retreat Girls: Ages 11-15, St. Ambrose Parish, Cambridge, ON
- June 15-17, 2018 Hearts Set Ablaze Retreat Girls: Ages 11-15, Camp Bucze, Barry's Bay, ON

### PAYMENT:

- cheque for \$100 for the IGNITE Retreat (for meals, lodging, books, recreational activities etc.) included
- cheque for \$75 for the Hearts Set Ablaze Retreat (for meals, lodging, books, recreational activities etc.) included

### PARTICIPANT INFORMATION

First Name:		Last Name:	
D.O.B. (day) / (month) / (year)		Address:	
City:	Prov.	Postal Code:	
Phone (home):		Phone (cell):	
Email:		School:	Year:
If you have participated in other Catholic retreats, groups, studies, outreach programs, please list below:			
Allergies/Medical Condition? <input type="checkbox"/> Yes <input type="checkbox"/> No		Needs medication/treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes to allergies/medical condition, please explain condition below as well as treatment.			
Healthcard Number:			

### PARENT/GUARDIAN INFORMATION

#### Mother

First Name:		Last Name:	
Address (if different from above):			
City:	Prov.	Postal Code:	
Phone (home):		Phone (cell):	
Phone (work):		Email:	

**Father**

First Name:		Last Name:	
Address (if different from above):			
City:		Prov.	Postal Code:
Phone (home):		Phone (cell):	
Phone (work):		Email:	

**Additional Emergency Contact**

First Name:		Last Name:	
How is this person connected/related to the participant?			
Phone (home):		Phone (cell):	
Phone (work):		Email:	

Please check this box if you give the Sisters of Our Lady Immaculate permission to email your daughter with updates, retreat information etc. (if participant is under 18 years of age)

**WAIVER**

1. NATURE AND DURATION OF ACTIVITIES: Spiritual activities, sporting activities.
2. CONSENT: I hereby consent to the above-named child's participation in the activities described above, and specifically request that she be allowed to participate in those activities.
3. EMERGENCIES: If the above-named child requires any emergency medical procedures or treatments during the activities, I consent to the activity supervisor(s) taking, arranging for or consenting to such procedures or treatments in the discretion of the activity supervisor(s).
4. RELEASE AND INDEMNIFICATION: I release and discharge, and hold harmless the HEARTS SET ABLAZE RETREAT or the IGNITE RETREAT, the individual members, agents, employees and representatives thereof, as well as activity supervisors, from and against, any claim which I, any other parent or guardian, any sibling, the above-named child, or any other person, firm or corporation may have or claim to have, known or unknown, directly or indirectly, for any losses, damages or injuries arising out of, during, or in connection with the child's participation in the activities or the rendering of emergency medical procedures or treatment, if any.
5. If, in the event of a medical or other emergency, I am unable to be reached by telephone at my home or work telephone numbers listed below, I authorize the activity supervisor(s) to attempt to contact me through the emergency contacts listed below.
6. I give permission for any pictures or video footage of the above-named child to be used by the Sisters of Our Lady Immaculate for their website, flyers, promotional materials, etc.

\_\_\_\_\_  
Signature of Participant or Parent/Guardian  
(if participant is under the age of 18)

\_\_\_\_\_  
Date

PLEASE MAKE CHEQUES PAYABLE TO:  
**SISTERS OF OUR LADY IMMACULATE RETREATS**

MAIL THIS FORM AND PAYMENT TO:

**Sisters of Our Lady Immaculate Retreats  
c/o Mr. Doug Perdue, Registrar  
1522 Division Road,  
Douro-Dummer, Ontario.  
K0L 2B0**

A confirmation notice will be sent to you once your registration form has been processed and payment has been received.

**For questions about registration, please contact our registrar, Mr. Doug Perdue, at:**  
retreats@solisisters.ca

**For questions about the retreats, please contact Sister Mary Augustine, SOLI at:**  
[srmaryaugustine@solisisters.ca](mailto:srmaryaugustine@solisisters.ca)