



# MCM Youth Retreat Registration Form

\* This form needs to be filled out by all participants (youth and adult). If not submitted ahead of time, please bring a copy to hand in to Retreat Director \*

Food Allergies need to be emailed to [newert@mennochurch.mb.ca](mailto:newert@mennochurch.mb.ca) 10 days before Retreat.

Additional inquiries: Kathy Giesbrecht ([kgiesbrecht@mennochurch.mb.ca](mailto:kgiesbrecht@mennochurch.mb.ca), 204-470-6814)

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_

MB Medical Reg. No. (6 digits): \_\_\_\_\_

Personal Health ID No. (9 digits): \_\_\_\_\_

Name of Congregation: \_\_\_\_\_

Name of Youth Leader: \_\_\_\_\_

Please list any allergies, medical conditions or medications that we should be aware of:

\_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Items to Bring:**

Sleeping Bag and Pillow

Towel, toiletries

Winter wear for outdoor play

**Waivers and Conditions of Registration:**

1. While all reasonable precautions are taken for the safety and good health of those using our camp, Mennonite Church Manitoba and its directors and staff members are hereby released from any and all liability in the event of any illness, accident or misfortune that may occur to the registrant or their property, either at camp or in transit to camp. Each person must be covered by Provincial health or equivalent medical insurance.
2. The signature on this form gives the Retreat Director and/or named Youth Leader the right to arrange for any special services or other requirements necessary for the best interest of the registrant. To the best of my knowledge I am/my child is in good health, and the information provided above is correct. I will notify the camp if I am/my child is exposed to an infectious disease during the three weeks prior to camp. In the case of medical emergency, I understand every effort will be made to contact parents/guardians/emergency contacts. In the event they cannot be reached, I hereby give permission to the physician selected by the retreat director or designate to hospitalize, secure prompt treatment, order injection, anaesthesia or surgery for me/ my child as named above. In the event medication, medical advice, treatment and/or equipment are required, I agree to accept financial responsibility in excess of the benefits allowed by Provincial Health and/or Medical Insurance.
3. The signor of this form gives their permission for any photography, videos or other pictures of the registrant to be used in promotional material and brochures for MCM Youth events without any financial compensation or additional consent.  
NOTE: If you do not wish to grant permission, please contact the office.
4. The parents/guardians submitting this application fully understand that:
  - (a) the COVID-19 virus pandemic remains an on-going threat;
  - (b) there still is a risk of exposure to the virus while their child attends the retreat, in spite of the precautions that have been taken by Mennonite Church Manitoba in following directions outlined by local health authorities to try to limit exposure to the COVID-19 virus or to other communicable diseases; and
  - (c) if the individual/their child has a pre-existing condition, it may make them more vulnerable to the virus.

The person or parents/guardian submitting this registration acknowledge and agree that by attending the camp, they accept and waive, on behalf of themselves or their children who will be attending the camp, any risk of contracting COVID-19 or any other contagious disease, including without limitation, the risk that exposure or infection may result in personal injury, illness, permanent disability and death.

I have read, understood and hereby agree with the waivers and conditions.

Signature (of Parent/Guardian if under 18): \_\_\_\_\_

Date: \_\_\_\_\_