

(registration continued)

Any allergies, medications or any other medical or behavioral info we should know?

Media/Promotion release:

Check this box if you DO NOT wish us to use photos of your child for camp promotional purposes such as brochures and our website

Waiver

I, _____ (print full name of parent/guardian) in consideration of my child _____ (full name of teen camper) (Hereinafter referred to as the "participant") release the Ukrainian Catholic Eparchy of Edmonton and the Ukrainian Catholic Episcopal Cooperation of Western Canada (hereinafter referred to as the "Releasees") and their representatives from all actions, claims and damages arising out of any incident whereby injury or damage may be sustained by the participant while the participant attends the Ukrainian Catholic Youth Lenten Retreat and Camp Oselia, facility, trip activity or program.

I give my consent to medical treatment and aid on behalf of the participant, including admission to any hospital or clinic if deemed advisable and this shall be sufficient authority to do so. I hereby indemnify and hold harmless the Releasees against all actions, claims and damages which may be brought against the Releasee by or on behalf of the participant in respect off or arising out of any accident, injury or damage and against any loss arising therefrom.

Date: _____, 2012

Signature of parent/guardian

**Registrations can either be emailed or mailed to:
oselia.camp@gmail.com or
9645 108 Avenue Edmonton, AB T5H 1A3
Please make all cheques payable to:**

Ukrainian Catholic Youth Edmonton Eparchy



UCY LENTEN RETREAT SPRING 2012



RETREAT INFORMATION

Who? - YOU! Teens ages 13-18

What? - Lenten Spring Retreat

When? - March 23-25

(Registration 3-5pm, pickup Sunday 2pm)

**Where? - Camp Oselia of course!
Lake Wabamun**

Cost? - \$65 for the weekend

**(includes all meals, transportation during camp
and all activities)**

Why? - I'll tell you why!

1. To have fun!!

**2. To learn about UCY and how you
can also make a difference in your
parish community**

For more information, contact us on...

Email: oselia.camp@gmail.com

Phone: 780 426 4176 or 780 554 8543

Teen Registration Form

Teen Info

First Name: _____

Last Name: _____

Gender: _____

Date of Birth: _____

Age as of Aug. 1: _____

School: _____

Cell Phone: _____

*Cell phones are allowed at camp—limited use only.

Email: _____

Parent/Guardian Info

First Name: _____

Last Name: _____

Mailing Address: _____

City/Town: _____

Postal Code: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email: _____

Faith Info

Denomination: _____

Parish Name: _____

Location of Parish: _____

Emergency Contact Person (not parent)

Full Name: _____

Relationship to teen: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Medical Info

Health Care #: _____

Other Insurance: _____

Family Doctor's Name: _____

Doctor's Phone Number: _____