

St. Michael's Youth Conference

**July 31 - August 4,
2017**

Registration Information

The St. Michael's Youth Conference is open to teens aged 13-19.

The registration fee is \$250 (please contact us if you need financial assistance, or for the family rate).

To register, please fill out this form and return it, with a deposit of \$50 for each participant (payable to *St. Michael's Youth Conference*) by **June 30, 2017**. The remainder of the fee is due on arrival at the conference.

Please send registrations to:
St. Michael's Youth Conference
12 Sherbourne Dr.
Maple, ON L6A 1G8

Registration Form:

Name: _____

Address: _____

Postal Code: _____

Telephone: (_____) _____

E-mail: _____

Gender: ____ Date of birth: _____

Will you be taking the conference bus from Toronto? ____ If not, do you need help with transportation? _____

Tick and complete one of the following:

- I enclose a cheque in the amount of _____
or
 My registration is being covered by:

If you are attending the conference for the first time, please have your minister or Christian leader fill out the following:

I have known _____
for _____ years and can attest that he or she is interested in growing in the faith, and is of sufficient maturity to handle a week-long conference for young Christians.

Signature: _____

Name: (Please print): _____

Church or organization: _____

Health Form:

Health Card Number: _____

Family Doctor (name and phone): _____

Emergency Contact (name, number and relationship): _____

Do you have any food restrictions or medical conditions we should know about? _____

Are you on any medications? _____

(If you answered "yes" to either of the above, please enclose a separate sheet with details.)

Waiver:

(To be completed by the parent or guardian if the registrant is under the age of 19, otherwise by the registrant.)

In case of emergency where the health of the registrant is involved, I hereby authorize the St. Michael's Youth Conference staff to secure such medical advice and services as they may deem necessary for his/her welfare. I agree to accept financial responsibility for any expenses incurred beyond government health care plans and the camp's insurance arrangements. I hereby release the St. Michael's Youth Conference, its director and staff members from any and all liability in the event of accident, injury or misfortune to the registrant or to his/her property. I agree to permit reasonable use of photos or other pictures of the registrant in promoting the St. Michael's Youth Conference.

Signature: _____

Name: *(please print)*: _____