



**CANADIAN MARTYRS  
PRAYER COMMUNITY**

**Youth  
Summer Retreat  
2009**

@ Camp Capilano,  
Capilano Regional Park  
North Vancouver, BC

July 31 August 1-2, 2009

Theme:

***“I have chosen you”***

***John 15:16<sub>(RSV)</sub>***

Youth ages 12 to 20 years old are  
invited to the 2009 CMPC YOUTH  
Summer Retreat

**Objective :**

“To help the youth use the gifts  
and inner resources given to them  
by God, so that they will become  
the best person they can be and to  
enjoy life to the fullest.”

**For that weekend:**

- Talks & group sharings
- Personal prayer
- Sports in the great outdoors
- Praise & Worship and Holy  
Mass

Registration starts at 6:00  
p.m. on Friday, July 31<sup>st</sup>.  
Retreat commences at 7:00 pm  
and ends on Sunday, August 2,  
2009 at 11:30 am. Fee is \$50 per  
participant.

***So HURRY and send in your  
registration to the Canadian  
Martyrs Parish Info Counter.  
Space is LIMITED.  
Registration deadline is  
July 19, 2009***

**What to Bring**

- Bible
- Rosary
- Sleeping bag
- Fitted sheet for twin size bed
- Pillows (2)
- Clothing for suitable weather
  - Pyjamas
  - Swimsuit
- Pen, pencil, and note book
- Toiletries
  - Towel(s)
  - Toothbrush/Toothpaste
  - Shampoo and soap
  - Sunscreen
  - Bug repellent
  - Hairbrush or comb
  - Personal medications
- Flashlight

**NOTE TO PARTICIPANTS:**  
MP3 players, iPods, cell phones,  
portable game systems, any  
electronic devices and books other  
than a Bible are **NOT ALLOWED** to  
be brought to the retreat.

**Contact info:**

|                   |              |
|-------------------|--------------|
| Orlando Tolentino | 604.805.5042 |
| Frolin Ocariza    | 604.2440297  |
| Fidel Gallevo     | 604.725.1562 |
| Mon Villegas      | 604.277.0756 |

**Registration Form: CMPC YOUTH  
Summer Retreat**

**PARTICIPANT INFORMATION**

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

Address: \_\_\_\_\_

City: \_\_\_\_\_

Birth date: \_\_\_\_\_

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

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

Parent/Guardian: \_\_\_\_\_

**EMERGENCY CONTACT INFO**

Person to Contact: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Relation to Participant: \_\_\_\_\_

Emergency Phone No(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**HEALTH INFORMATION**

BC Care Card No: \_\_\_\_\_

\_\_\_\_\_

Allergies? [ ] Yes [ ] No

If yes, please state:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medical conditions? [ ] Yes [ ] No

If yes, please state the nature of the condition and related medications:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please provide a cheque of \$50 payable to Canadian Martyrs Parish. Thank you.

**Parent Medical and Liability Release  
Statement:  
PLEASE READ CAREFULLY**

I understand that in the event of medical intervention is needed, every attempt will be made to contact immediately the person(s) listed on this form. In the event I cannot be reached in an emergency during the activity dates shown on this form, I hereby give my physician or dentist selected by the activity leader to administer first aid, hospitalize, to secure medical treatment, and/or to order a vaccine, anesthesia, or surgery for my child(ren) as deemed as necessary.

I understand that my insurance coverage for my child will be used as coverage in the event medical intervention is needed.

I understand all reasonable safety precautions will be taken at all times by the CMPC during events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold the CMPC, its leaders and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

I hereby give consent for the participant named in this form to participate in the CMPC Youth Summer Retreat from July 31 August 1 and 2, at Camp Capilano, Capilano River Regional Park.

I do hereby release and forever discharge the coordinators and directors of the CMPC Youth Summer Retreat and the Canadian Martyrs Parish from all manners of actions, claims, and demands of every kind which I or the named person below shall or may have any reason arising out of the event.

Parent/Guardian Signature:

\_\_\_\_\_

Participant Signature:

\_\_\_\_\_

Date:

\_\_\_\_\_

This information is collected and protected by the Canadian Martyrs Prayer Community in accordance with the Personal Information Protection Act, and will be only used for the CMPC Youth Summer Retreat 2009 registration medical purposes.