



HOLY TRINITY PARISH YOUTH MINISTRY

Conquest Visit to St. Joseph's Seminary – March 13, 2012

Our Conquest meeting for March 13th will be a visit to St. Joseph's Seminary.

We'll leave from the parking lot at John Paul II School at 5:30pm and return by 9:00pm that day. In between, we'll be hosted by seminarians, tour through the seminary and pray with the seminarians, share a snack, and reflect on what God may be calling us to. There is no cost for this trip.

If you have any questions, please contact Mike Landry at 780-960-0135 or e-mail mlandry@ecsr.ca.

----- Please detach and submit the following -----

Registration (if under 18, have your parents sign the waiver)

Participants Name: _____ Age: _____ Birthdate: _____

Address: _____ City: _____ Postal Code: _____

Phone Number: _____ E-mail: _____

I request that my son/ daughter, _____, be permitted to attend the evening at St. Joseph's Seminary on March 13, 2012.

I understand that reasonable precautions will be taken to safeguard the health and well being of the participants in this event and that I will be notified as soon as possible in the event of an emergency.

In the case of sickness or an accident I authorize and consent youth minister, core team, or other associated volunteers of the Holy Trinity Parish Youth Ministry participating in this activity to obtain medical care from a licensed physician, hospital, or medical clinic for my son/ daughter in the event that myself or my spouse cannot be reached. I hereby do release and forever discharge The Catholic Archdiocese of Edmonton, Holy Trinity Parish, Life Teen Inc., and the associated youth group leaders responsible from all manners of actions, claims which I or the person named shall or may have for any reason arising from the above described event.

My child agrees to abide by all the rules and regulations stated at the event. I understand that The Catholic Archdiocese of Edmonton, Holy Trinity Parish, Mission Network, Life Teen Inc. or any of the youth group leaders will not be liable if my child fails to cooperate with regulations, and that any infraction of the rules may result in immediate dismissal from the above described event at my expense.

Parent/guardian's signature: _____ Date: _____

Emergency Contact: _____ Phone: _____

****Please ensure that your child has their Alberta Health Care # with them while attending this event. If you wish, you can write it below.***

Please note any health or allergy conditions we should be made aware of:

780.960.0135 or e-mail mlandry@ecsr.ca
Box 3220, 200 Boundary Road, Spruce Grove, AB T7X 3A5