



Dunkeld Youth Service

ADVENT YOUTH RETREAT 2017

Date: Friday 8th – Sunday 10th December, 2017

Venue: St Ninian Pastoral Institute, 24-28 Lawside Road, Dundee

Theme: “Prepare the Way for the Lord” (Mark 1:3)

The Advent Retreat will be for two groups as follows: 12-16 year olds will begin at 5pm on Friday 8th and finish at 5pm on Saturday while 17-25 year olds will begin at 5pm on Saturday until the same time on Sunday 10th.

Activities will include: Catechesis, Mass, films, games, ice breakers, music, confessions, prayer, group tasks, reflections. We will stay in the Pastoral Centre for the duration of the retreat. Participants should come with open hearts ready to deepen their faith, enjoy themselves and to follow the instructions of retreat leaders. The cost of participation is **£25** including all activities, food and accommodation; however, if there are any issues paying please just let us know. **Payment should be made to Diocese of Dunkeld, Royal Bank of Scotland: Sort code 83-18-32, Account no. 00140054.**

Please return to *Fr Samuel Alabi, MSP* 24-28 Lawside Road, Dundee, DD3 6XY by Monday 20th November, 2017. Permission slips can also be downloaded on our website

www.dunkeldyouth.org.uk and sent to youth-office@dunklediocese.org.uk

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Child’s Name: _____ **Child’s D.O.B:** _____

Parish: _____

Address: _____

Emergency Contact Names and relationship to child, e.g. Mrs Susan Smith (Mother):

1. _____ 2. _____

Telephone numbers:

1. _____ 2. _____

This child will be dropped off/collected by: _____

Please detail any allergies, dietary requirements, medical conditions and/or medication:

Is your child allergic to any medication, e.g. penicillin? Yes/No (delete as appropriate) If

YES please

specify: _____

When did your child last have a tetanus injection? _____

Please describe the swimming ability of your child: _____

Do you consent to the use of your child’s photograph for publicity purposes? Yes/No (delete as appropriate)

Adult group leaders involved have a Disclosure Scotland or PVG certificate in accordance with the requirements of the Roman Catholic Church in Scotland.

I confirm that my child has permission to attend the Advent Retreat. In the event of an illness or accident every effort will be made by the event leader or their representative to contact me. If, for whatever reason, this is not possible I agree to my child receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.

Signed _____ **Print** _____ **Date** _____