

ADVENT YOUTH RETREAT 2018



DUNKELD YOUTH SERVICE

Date: Saturday 8th December 2018 **Time:** 10am - 5pm
Venue: Diocesan Centre, 24-28 Lawside Road, Dundee (DD3 6XY)
Theme: "Getting Ready to Celebrate Jesus" **Age Group:** 12-18 years (S1-S6)

Please join us for our annual Advent Retreat! Activities will include: Catechesis, Mass, films, games, ice breakers, music, confessions, prayer, group tasks, reflections. 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 £3 including all activities and lunch!** Payment should be made in cash or to **Diocese of Dunkeld Royal Bank of Scotland: Sort code 83-18-32, Account no. 00140054.**

Please complete the following form and return to Fr Samuel Alabi, MSP 24-28 Lawside Road, Dundee, DD3 6XY by **Monday 3rd December 2018**. Permission slips can also be downloaded on our website www.dunkeldyouth.org.uk and sent to youth-office@dunkelldiocese.org.uk

Child's Name: _____ Child's D.O.B: _____
Parish: _____
Address: _____ Postcode: _____

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 _____