

# A Magical Time of Year – Advent Retreat 2016



DUNKELD YOUTH SERVICE

**Event:** 'A Magical Time of Year' Advent Retreat      **Date:** Sat 03<sup>rd</sup> – Sun 4<sup>th</sup> Dec

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

The Advent Retreat will begin at **4pm on Saturday** and finish at **2pm on Sunday**. Activities will include: reflections on the journey of the Magi, liturgy, time to share Christmas gift ideas, food, a walk to the Law and a movie. We will stay in the Pastoral Centre overnight and participants should be ready to enjoy themselves and to follow the instructions of retreat leaders. The cost of participation is **£15 including all activities, food and accommodation**; however, if there are any issues paying please just let us know. Good shoes for walking, a jacket, change of clothes and pyjamas are required - Christmas jumpers optional!

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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** \_\_\_\_\_