

September 15-17, 2023 • Camp He Ho Ha • 53537 Range Road 55, Seba Beach, Alberta T0E 2B0



Dear Clients:

Find below our registration form for the 2023 Family Retreat. Registration forms are for all individuals residing in the same group. Please complete this form and return it no later than **Friday, August 25th, 2023**. This information is being collected for the purposes of planning for the Alberta Family Retreat, and will be used to make the appropriate arrangements for that event. Muscular Dystrophy Canada will not share or distribute your personal information for any other purposes, without your consent. If you have questions or to send completed registration forms:

SEND TO:

Attention: Kelly O'Rourke
Phone : 1-800-567-2873 ext 4901
Email: kelly.orourke@muscle.ca



CLIENT

First Name:

Last Name:

Street address:

City: Province: Postal Code:

Phone Number: Alternate Number:

Email Address:

EMERGENCY CONTACT:

Name (someone who is not travelling with you to the Retreat):

Home phone: Mobile phone:

Relationship to the emergency contact:

PERMISSIONS

I grant permission to Muscular Dystrophy Canada to include my name, province, home phone and email address in the listing of Family Retreat participants, which will be given to all event participants. I understand that this list will be developed to help participants stay in touch following the event, and that Muscular Dystrophy Canada will not be responsible for how the event guests use this information.

☐ Yes

☐ No

I grant permission to Muscular Dystrophy Canada to photograph me during the Family Retreat and to use any photographs of me for Muscular Dystrophy Canada purposes, including education, awareness and marketing, in any media.

☐ Yes

☐ No

GUEST INFORMATION

Guest information; including client. Please include ages of children:

			F	M	Non-Binary/ Other
1. Name:	Age:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Ambulatory	<input type="checkbox"/> Power w/c	<input type="checkbox"/> Manual w/c			
2. Name:	Age:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Ambulatory	<input type="checkbox"/> Power w/c	<input type="checkbox"/> Manual w/c			
3. Name:	Age:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Ambulatory	<input type="checkbox"/> Power w/c	<input type="checkbox"/> Manual w/c			
4. Name:	Age:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Ambulatory	<input type="checkbox"/> Power w/c	<input type="checkbox"/> Manual w/c			
5. Name:	Age:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Ambulatory	<input type="checkbox"/> Power w/c	<input type="checkbox"/> Manual w/c			

SPECIAL MEAL REQUIREMENTS

☐ Vegetarian: # of people:

☐ Life-threatening/serious allergies: # of people:

☐ Other (specify): # of people:

Please indicate for which meal(s) you will be present for:

Saturday ☐ Breakfast ☐ Lunch ☐ Dinner **Sunday** ☐ Breakfast

MEDICAL EQUIPMENT (OPTIONAL)

Muscular Dystrophy Canada advises, that to ensure comfort, please bring any personal assistive devices with you that you may need. If you require medical equipment, such as a lift or sling, please contact the following below to order your equipment: Muscular Dystrophy Canada is happy to cover the cost of these equipment rentals for the weekend.

Kelly O'Rourke at 1-800-567-2873 ext 4901

REQUIRED ACCOMMODATIONS

- ☐ Dormitory-style lodges ☐ Semi-private rooms for families

Please note: it is requested that all participants bring their own pillow and either bedding or sleeping bag. Semi-private rooms are limited; a Muscular Dystrophy Canada staff member will contact you to confirm availability.

If you requested semi-private rooms, please state the reason for requiring this type of room:

Please indicate which night(s) you require accommodations for:

- ☐
- Friday night
- ☐
- Saturday night

BARGE RIDES

We will be scheduling barge rides based on interest; we will try our best to keep families/groups together.

How many people in your group would like to participate in a barge ride?

Of those interested, how many use a wheelchair/powerchair/etc.?

Please choose the top 3 times you'd prefer:

- ☐ 1:10 pm – 1:40 pm ☐ 2:30 pm – 3:00 pm ☐ 3:50 pm – 4:20 pm

☐ 1:50 pm – 2:00 pm ☐ 3:10 pm – 3:40 pm ☐ 4:30 pm – 5:00 pm

SPECIAL REQUESTS OR ADDITIONAL INFORMATION (OPTIONAL)

[illegible]