

**September 27-29, 2024 • Rehoboth Camp • Park St, Rimbey, AB T0C 2J0**

Dear Clients:

Find below our registration form for the 2024 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 23, 2024**. 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: Megan Heximer  
Phone: 1-800-567-2873 ext. 0202  
Email: [megan.heximer@muscle.ca](mailto:megan.heximer@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.

**Megan Heximer at 1-800-567-2873 ext 0202**

