

Registration Form

# October 18-20, 2024

Ramada by Wyndham Belleville Harbourview Conference Centre 11 Bay Bridge Rd, Belleville, ON K8P 3P6

Dear Caregiver:

Find below our registration form for the 2024 Caregiver Retreat. Registration forms are for caregivers providing care to a loved one with a neuromuscular disorder. Only one registration form is required for caregivers caring for the same individual. Please complete this form and return it no later than **Friday, September 20, 2024**. This information is being collected for the purposes of planning for the Ontario Caregiver 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 form:

# SEND TO:

**Muscular Dystrophy Canada** Attention: Kelly O'Rourke Phone: 343-961-4901 or 1-800-567-2873 ext. 4901 Email: kelly.orourke@muscle.ca

## **CAREGIVER INFORMATION**

Primary Caregiver Name:			
Street address:			
		Postal Code:	
Phone Number:	Alter	Alternate Number:	
Email Address:			
Caregiver Relation (parent, s	pouse, sibling, etc):		
Type of NMD of loved one:			
EMERGENCY CONTACT:			
Name (someone who is not t	ravelling with you to the Retreat):		
Home phone:	Mob	Mobile phone:	
Relationship to the emergenc	cy contact:		
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This weekend is made possible by the generous support of Rexall Cares Network.



#### **ADDITIONAL CAREGIVERS:**

1. Name:
Caregiver Relation:
2. Name:
Caregiver Relation:
CLIENT (individual living with the neuromuscular disorder)

# Name:

Address the same as Caregiver; if not, please fill in alternate address below:

#### PERMISSIONS

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

No

Yes

SPECIAL MEAL REQUIREMENTS				
Vegetarian:	# of people:			
Life-threatening/serious allergies:	# of people:			
Other (specify):	# of people:			

## **SPECIAL REQUESTS OR ADDITIONAL INFORMATION (OPTIONAL)**



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