

❖ ST MICHAEL'S YOUTH CONFERENCE ❖
A YOUTH CONFERENCE IN THE ANGLICAN TRADITION FOR AGES 13-19

To Be Held at Camp Wildwood, McKee's Mills NB
August 19-24, 2024

If you wish to register and pay online, visit smyc.ca/register.

❖ Section I: Participant Information

FULL NAME OF PARTICIPANT: _____

POSTAL ADDRESS: _____

GRADE (SEPT. 2024): _____ BIRTH DATE: _____ GENDER: _____

❖ Section II: Parent/Guardian/Caregiver Information

PARENT/GUARDIAN/CAREGIVER NAME(S): _____

PHONE NUMBER(S) WITH AREA CODE

HOME: _____ CELL: _____ WORK: _____

EMAIL: _____

❖ Section III: Medical Information

DOES THE PARTICIPANT HAVE ANY ALLERGIES AND/OR MEDICAL INTOLERANCES, DIETARY RESTRICTIONS, AND/OR
OTHER MEDICAL CONDITIONS? YES ☐ NO ☐

IF YES, PLEASE LIST:

(If any special medical attention or treatment is required, please enclose a letter of explanation that can be given to the Conference
Nurse)

MEDICARE/MSI/PEI HEALTH CARD NUMBER (INDICATE PROVINCE/TERRITORY): _____

FAMILY PHYSICIAN/HEALTH CARE PROVIDER (IF AVAILABLE): _____

HEALTH PROVIDER PHONE (WITH AREA CODE): _____

❖ Section IV: Second Emergency Contact (OTHER THAN PARENT/ GUARDIAN/ CAREGIVER)

NAME & RELATIONSHIP TO CONFERE: _____

PRIMARY TELEPHONE (WITH AREA CODE): _____ SECONDARY: _____

EMAIL: _____

❖ Section V: Waiver

All reasonable precautions for the safety and health of the participant will be taken. He/she will be properly supervised in activities. In the event of accident or sickness, St Michael's Youth Conference, Camp Wildwood, The Anglican Diocese of Fredericton, The Anglican Diocese of Nova Scotia & Prince Edward Island, The Anglican Parish of Sackville, their staff and volunteers are released from any liability.

In the event of injury requiring medical attention I, _____, authorize treatment for the participant and understand that reasonable attempts will be made to contact me, or my alternate contact, should such a situation occur. I understand that any medical costs incurred involving the participant are my responsibility.

PARENT/GUARDIAN'S SIGNATURE: _____

PARENT/GUARDIAN'S NAME (PRINT): _____ DATE: _____

SMYC STAFF SIGNATURE (TO BE SIGNED UPON RECEIPT OF THIS APPLICATION): _____

STAFF MEMBER'S NAME & TITLE (PRINT): _____ DATE: _____

❖ Section VI: Course Selection

HAVE YOU ATTENDED ST. MICHAEL'S YOUTH CONFERENCE BEFORE? YES ☐ NO ☐

ALL FIRST-TIME CONFEREES WILL TAKE THE FIRST-YEAR COURSES: "Seeing through the Scriptures," "God: Who is He?" AND "Prayer."

RETURNING PARTICIPANTS MUST SELECT ONE COURSE IN EACH CATEGORY:

| BIBLE | THEOLOGY | SPIRITUALITY |
|--|---|--|
| <input type="checkbox"/> The Book of Job: Encountering God in the Mystery of Evil and Suffering (Laskey) | <input type="checkbox"/> This is the Catholic Faith: A deeper look at the Creeds and what they mean in our lives (Tapley) | <input type="checkbox"/> Who do you say that I am? How the Church came to understand the Divinity of Jesus (Chandra) |
| <input type="checkbox"/> Jonah: A Gospel Story? (Ketch) | <input type="checkbox"/> Theology of the Body: What Christianity teaches about our bodies (Hatt) | <input type="checkbox"/> This is Love: How our Experience of Love opens a window into the very life of God (Nicolles & Edward) |

❖ Final Step: Deposit

Please enclose \$100.00 registration deposit and make cheques payable to the ANGLICAN PARISH OF SACKVILLE, with "St. Michael's Youth Conference" in the memo line. The remaining \$200.00 (total \$300.00) may be paid on arrival at the Conference. If cost is a barrier, please contact the Registrar.



SEND DEPOSIT AND COMPLETED APPLICATION FORM TO THE REGISTRAR:

Sarah Stevenson, 2788 Robert Murphy Dr., Halifax, NS B3L 3T4

QUESTIONS? Contact the Registrar at se.stevenson@ns.sympatico.ca