



## EVENT APPLICATION - OVER 18

Complete this form and email to [srmluka@schoenstatt.org.au](mailto:srmluka@schoenstatt.org.au)

For further enquiries Phone: 0439 537 843

### EVENT DETAILS

Event Name:	"Mary Arose and Went With Haste" Live From WYD Lisbon - <b>Retreat Weekend for Young Women</b>		
Start Location:	Vincetians Retreat Centre, 625 Nettleton Rd, Karrakup WA 6122	Date:	Time:
Finish Location:	Vincetians Retreat Centre, 625 Nettleton Rd, Karrakup WA 6122	Date:	Time:

### PARTICIPANT DETAILS

First Name:	Middle Name:	Last Name:	
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	Age:
Address:	Suburb:	State:	Postcode:
Mobile:	Email:		
Are you a member of a Young Adults/Church Group? If Yes, Group Name:			
Working with Children Check Card No., or Application Receipt No. (if you have one):			
Expiry Date for Application Receipt No. (if applicable):			

### MEDICAL DETAILS

Please advise us of your health and fitness, including any medication (with instructions) you will bring with you.

Medication (Type/Name):	Dosage:	Frequency:
Other Information <i>e.g. Ailments / Disabilities</i> :		
Have you been immunised against Tetanus in the past 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Immunisation:
If not, do you give consent to be given a Tetanus injection should the need arise?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Hospitals sometimes require the following information:

Medicare Number:	Expiry Date:
Private Health Fund Details (Name):	Member Number:
Do you have Ambulance Cover:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medical Practitioners Contact Details:	

### DIETARY NEEDS & PROVIDING A MEAL FOR THE RETREAT

For special diets, please provide examples (brand names etc) of what you can eat.

Do you have any food allergies, or dietary requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you ticked yes, please specify	
Could you prepare and bring along one meal for 8-10 people?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please contact Sr M Luka and let her know what you are planning to bring. At the retreat, the whole group will warm up/prepare the meals together.</i>

### EMERGENCY CONTACT

Name:	Relationship to Participant:	
Address:		
Suburb:	State:	Postcode:
Home Phone:	Work Phone:	Mobile Phone:

**LIABILITY STATEMENT (WAIVER)** I the participant have read and agree to the Event Code of Conduct. I consent for the Leader in charge of the activity to seek medical assistance for me should the need arise, understanding that I will be liable for any expense incurred. I understand that photos, video, and audio may be captured at this event and consent for them to be used for promotional purposes.

Signature of Participant:	Date:
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