Pathways to Resilience – Youth Wellness Retreat Application

Participant Information

Youth's Full Name: _____

Preferred Name/Nickname: _____

Date of Birth: _____

Age: _____

Gender (Optional): _____

School: _____

Grade (Fall 2026): _____

Alberta Health Care Number: _____

Parent/Guardian Information

Parent/Guardian 1

Name: _____

Relationship to Youth: _____

Primary Phone: _____

Alternate Phone: _____

Email Address: _____

Parent/Guardian 2 (if applicable)

Name: _____

Relationship to Youth: _____

Primary Phone: _____

Alternate Phone: _____

Parent/Guardian 2 (if applicable)

Email Address: _____

Home Address

Street Address: _____

City/Town: _____

Province: Alberta

Postal Code: _____

Emergency Contact

(If different from Parent/Guardian)

Name: _____

Relationship to Youth: _____

Primary Phone: _____

Alternate Phone: _____

Authorized Pick-Up (Optional)

If a parent/guardian is unavailable, who is authorized to pick up your child from the retreat if necessary?

Name: _____

Relationship: _____

Phone Number: _____

Question	
Why would you like to attend the Pathways to Resilience Youth Wellness & Resilience Retreat?	_____ _____ _____ _____
What do you hope to gain from this experience? *(Check all that apply)*	☐ Build Confidence ☐ Make New Friendships ☐ Healthy Coping Skills ☐ Leadership Skills ☐ Improve My Mental Wellness ☐ Outdoor Adventure ☐ Personal Growth ☐ Learn About Suicide Prevention & Supporting Others ☐ Other: _____
What is something you are proud of?	_____ _____ _____
Tell us about a challenge you've overcome or are currently working through. *(Only share what you feel comfortable sharing.)*	_____ _____ _____ _____
Which retreat activities/topics are you most excited about? *(Check all that apply)*	☐ Horseback Riding ☐ Wellness Workshops / Guest Speakers ☐ Team Building Challenges ☐ Hiking/Kayaking/Ziplining ☐ Campfires ☐ Animal-Assisted Learning

Question	
Why do you believe your child would benefit from attending this retreat?	_____ _____ _____ _____
Is there anything our staff should know that will help us best support your child? *(Examples: learning style, anxiety, sensory needs, communication preferences, strengths, accommodations, etc.)*	_____ _____ _____ _____

MEDICAL INFORMATION

Primary Care Information

Item	Information
Family Physician	_____
Medical Clinic	_____
Clinic Phone Number	_____

Question	Response
Does your child have any medical conditions we should be aware of?	☐ No ☐ Yes (Please describe): _____

Item	Information
Does your child have any allergies?	☐ No ☐ Yes (Food, Medication, Environmental, etc.): _____
Does your child have any dietary restrictions or preferences?	☐ None ☐ Vegetarian ☐ Vegan ☐ Gluten-Free ☐ Dairy-Free ☐ Religious ☐ Other: _____
How would you describe your child's swimming ability?	☐ Strong Swimmer ☐ Average Swimmer ☐ Beginner ☐ Non-Swimmer

---

MEDICATION INFORMATION

Does your child require medication during the retreat?

☐ Yes ☐ No

If yes, please complete the following:

Medication	Reason	Dosage	Time(s)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Medication Authorization

Please initial each statement.

_____ I understand that all medications must be in their original labelled container with the participant's name and dosage instructions clearly visible.

_____ I understand that all medications must be checked in with Redcliff Youth Centre staff upon arrival and will be securely stored throughout the retreat.

_____ I understand that my child **must be capable of independently administering their own medication.** Staff will provide reminders and access to medication but will not administer medication.

_____ I certify that the medication information provided above is accurate and complete.

ACCOMMODATION PREFERENCES

Preferred Accommodation

☐ Cabin ☐ Tent

Would your child like to share accommodations with another participant?

☐ Yes ☐ No Preference

If yes, please list the participant(s) they would like to room with:

Accommodation Policy

To ensure the comfort and safety of all participants, youth will only share cabins or tents when **both youth and their parent/guardian have mutually requested one another.** The Redcliff Youth Centre will not assign youth to share accommodations with unfamiliar participants. If a mutual request cannot be accommodated, participants will be assigned separate accommodations.

TRANSPORTATION & EARLY DEPARTURE POLICY

If your child becomes ill, injured, experiences emotional distress requiring additional support, or chooses to leave the retreat early, we will contact the parent/guardian immediately.

The parent/guardian agrees to:

☐ Pick up their child from Historic Reesor Ranch as soon as reasonably possible.

OR

☐ Arrange and cover the cost of alternate transportation home.

The Redcliff Youth Centre is not responsible for transportation home except in extraordinary emergencies at the discretion of staff.

Parent/Guardian Initials: _____

PERSONAL BELONGINGS

Participants are responsible for their own personal belongings throughout the retreat.

While every reasonable effort will be made to safeguard personal items, the Redcliff Youth Centre, Historic Reesor Ranch, staff, volunteers, and community partners cannot accept responsibility for lost, stolen, or damaged belongings.

We encourage participants to bring only the items listed on the packing list and to leave valuables at home.

Parent/Guardian Initials: _____

BEHAVIOUR EXPECTATIONS

To ensure a safe, respectful, and enjoyable experience for everyone, participants are expected to:

☐ Treat fellow participants, staff, volunteers, guest speakers, and ranch staff with kindness and respect.

☐ Respect Historic Reesor Ranch property, facilities, animals, and the natural environment.

☐ Follow all safety instructions and remain with the group unless given permission by staff.

☐ Participate respectfully in workshops, discussions, and activities.

☐ Refrain from bullying, harassment, discrimination, violence, or inappropriate language.

☐ Refrain from possessing or using alcohol, cannabis, vaping products, tobacco, illegal drugs, weapons, or any prohibited items.

☐ Use electronic devices respectfully and only during designated times, if permitted.

Failure to follow these expectations may result in parents/guardians being contacted and required to arrange immediate transportation home.

Youth Initials: _____ Parent Initials: _____

ASSUMPTION OF RISK, RELEASE OF LIABILITY & INFORMED CONSENT

I acknowledge that participation in the **Pathways to Resilience Youth Wellness & Resilience Retreat** involves outdoor recreation, adventure activities, transportation, and physical activities, including but not limited to horseback riding, hiking, fishing, kayaking, ziplining, campfires, animal-assisted learning, wellness workshops, and other organized recreational activities.

I understand that participation in these activities involves inherent risks and hazards, including, but not limited to, slips, trips, falls, collisions, equipment failure, weather conditions, wildlife encounters, water-related risks, physical exertion, and other unforeseen circumstances that may result in injury, illness, property damage, or, in rare circumstances, death. I acknowledge that not all risks can be anticipated or eliminated despite reasonable precautions and supervision.

By signing below, I voluntarily permit my child to participate in all retreat activities and knowingly assume all risks associated with participation.

To the fullest extent permitted by law, I release, waive, discharge, and hold harmless the **Redcliff Action Society for Youth (Redcliff Youth Centre), its Board of Directors, employees, volunteers, contractors, program facilitators, community partners, Historic Reesor Ranch, activity providers, sponsors, and agents** from any and all claims, demands, actions, causes of action, liability, costs, expenses, damages, losses, or injuries arising out of or relating to my child's participation in the retreat, except where prohibited by applicable law.

I acknowledge that I have carefully read and understand this Assumption of Risk, Release of Liability, and Informed Consent Agreement, that I understand its contents, and that I am signing it voluntarily on behalf of my child.

Parent/Guardian Signature: _____

Printed Name: _____

EMERGENCY MEDICAL AUTHORIZATION

In the event of an accident, illness, or medical emergency where I cannot be reached, I authorize Redcliff Youth Centre staff to obtain appropriate medical treatment for my child, including transportation by ambulance if deemed necessary by emergency personnel.

I understand that I am financially responsible for any medical expenses incurred that are not covered by Alberta Health Care or my personal insurance.

Parent Initials: _____

PHOTO & MEDIA CONSENT

Throughout the retreat, photographs and videos may be taken to celebrate participant experiences and promote future programming.

Please select one:

☐ **YES**, I give permission for my child to appear in photographs and/or videos used by the Redcliff Youth Centre for newsletters, social media, website, promotional materials, and grant reporting.

☐ **NO**, I do not give permission for my child to be photographed or filmed.

PARENT/GUARDIAN DECLARATION

I certify that the information provided in this registration package is accurate and complete.

I understand the purpose of the **Pathways to Resilience Youth Wellness & Resilience Retreat**, including its focus on youth wellness, resilience building, early intervention, and age-appropriate mental health and suicide prevention education.

I have reviewed the retreat expectations and policies with my child and understand that participation requires respectful behaviour and active engagement.

I understand the medication, transportation, accommodation, personal belongings, and emergency procedures outlined in this package.

Parent/Guardian Signature: _____

Printed Name: _____

Date: _____

PARTICIPANT AGREEMENT

I understand that the Pathways to Resilience Retreat is designed to help youth build confidence, resilience, healthy coping skills, and meaningful connections.

I agree to:

I also agree to:

☐ Treat others with kindness and respect.

☐ Try new experiences and participate to the best of my ability.

☐ Ask for help if I need it.

☐ Support others in creating a safe and welcoming environment.

☐ Follow staff directions and safety expectations.

Youth Signature: _____

Date: _____

What to Pack

To help make your retreat experience comfortable and enjoyable, please pack the following items:

Clothing

☐ Comfortable clothing for 3 days / 2 nights
☐ Warm sweater or hoodie
☐ Jacket/Rain Jacket (mornings and evenings can be cool)
☐ Long pants
☐ Shorts
☐ T-shirts
☐ Pajamas
☐ Undergarments
☐ Socks
☐ Hat or baseball cap

Footwear

☐ Comfortable running shoes
☐ Closed-toe shoes or hiking boots (recommended for hiking and horseback riding)
☐ Sandals or flip-flops (optional)

Toiletries

☐ Toothbrush & toothpaste
☐ Shampoo & conditioner
☐ Soap/body wash
☐ Hairbrush or comb
☐ Deodorant
☐ Sunscreen (SPF 30 or higher)
☐ Insect repellent
☐ Towel(s)
☐ Face cloth (optional)
☐ Personal hygiene products

Bedding *(If your child prefers the tent option)*

☐ Sleeping bag or bedding
☐ Pillow
☐ Extra blanket (optional)

Personal Items

☐ Refillable water bottle
☐ Flashlight or headlamp
☐ Notebook or journal
☐ Pen or pencil
☐ Prescription medications (in original labelled containers)
☐ Glasses or contact lens supplies (if required)

Optional Items

☐ Fishing rod and tackle (if preferred)
☐ Favourite book
☐ Small backpack or daypack
☐ Reusable water bottle

Please Leave These Items at Home

For the safety and enjoyment of all participants, please do **not** bring:

☒ Alcohol, cannabis, tobacco products, vaping devices, or illegal substances
☒ Weapons of any kind (including pocket knives)
☒ Fireworks or lighters
☒ Valuable jewelry or expensive electronics
☒ Large amounts of cash
☒ Gaming systems or unnecessary electronic devices
☒ Speakers or other disruptive electronics
☒ Any items that may compromise the safety or well-being of others

---

Cell Phones & Electronics

Cell phones are permitted; however, we encourage participants to disconnect and fully engage in the retreat experience. Phones may only be used during designated free times and should be stored away during workshops, activities, and meals unless otherwise directed by staff.

A Note to Parents

Please label your child's belongings whenever possible. While every effort will be made to help participants keep track of their items, the Redcliff Youth Centre is not responsible for lost, stolen, or damaged personal belongings.