



AVENTURA



An Ecumenical Youth Weekend

Dear Friend:

Thank you for downloading an application for the next Aventura Weekend. If you are a sponsor (meaning you have previously attended an Aventura, Tres Dias, or a similar weekend), and you wish for a friend to attend, please download the sponsor pages and read them over before helping your candidate to fill out this application. If you are a guest (meaning that you have never attended an Aventura weekend before) speak to your sponsor (the person who referred you here) to help you fill out this application, and tell them to read the sponsor information as well. If you have any questions feel free to call me.

Arthur Richards Jr.
Information Registration
235 Newton Rd
Northfield, CT 06778
info@aventuract.com
860 307 4806



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Dear Parent/Guardian:

While we do not anticipate any accidents on the Aventura weekend, the activities of everyday living dictate that such a possibility, however remote, does exist.

This authorization, which we ask you to complete, will ensure that any emergency medical treatment will be available to your son/daughter. **This form is not valid after weekend #35 on October 6th-8th, 2017. If you have not received this year's form to sign, you need to request the current one from the Registration & Information Committee. Please feel free to call me for the current form.**

Please be assured that such authorization would only be used if all efforts to contact you in an emergency medical situation were unsuccessful, and only if emergency medical personnel deem immediate treatment to be necessary.

Thank you,

Arthur Richards Jr.
Information Registration Committee
235 Newton Rd.
Northfield, CT 06778
info@aventuract.com
(860) 307-4806



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EMERGENCY MEDICAL TREATMENT AUTHORIZATION

(Minor's name)

(Minor's date of birth)

(Minor's relationship to signer - i.e., step-daughter)

TO WHOM IT MAY CONCERN:

This is to certify that I/we, _____
(Names in full)

the _____
(Mother, father, legal guardian)

of the person listed above, do hereby constitute and appoint:

Merv LeMasurier & Emily Lamy
(Coordinator & Chief Auxiliary for Aventura Weekend 35)

my/our true and lawful attorney, solely, and with the power to authorize and consent to the administration of any anesthetic or medical treatment to - and with the performance of whatever operations or removal of tissue decided to be necessary by the attending physician on - the above-named minor for the period from 6pm, October 6th, 2017 to 6pm, October 8th, 2017 inclusive.

(Street)

(Phone)

(Town, State, Zip)

(Date)

(Signature)

(Fill out a separate form for each minor)



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MEDICAL INFORMATION SHEET

Name _____

Special diet, allergies to food, medications, insect bites, etc., or any other medical problems we should be aware of (*please print clearly*):

Medications the young person is currently taking:

Family physician: _____ (_____) - _____ - _____
(Name) (Phone)

Family dentist: _____ (_____) - _____ - _____
(Name) (Phone)

Parents' Home Telephone: (_____) - _____ - _____
(Phone)

Parent's Business Telephone: (_____) - _____ - _____
(Phone)

Other Emergency Telephone: (_____) - _____ - _____
(Phone)

Medical Insurance: _____
(Name of company)

(Policy number and group number if applicable)



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GUEST

Name: _____ Nickname _____ Male/Female: ____

Street: _____

City, State, Zip: _____

Phone: _____ Date of Birth: _____ Grade: 9 10 11 12 Home
(Circle one)

Church: _____

School: _____ Guest's Email: _____

Please state why you wish to attend an Aventura Weekend: _____

PARENT

Parent/Guardian: _____

Parents' Address: _____

Parents' Phone: _____ Parents' Email: _____

Have either of your parents attended an Aventura, Cursillo or Tres Dias weekend? _____

SPONSOR

(Signature of applicant) _____
(Date) _____
(Signature of Parent or Guardian)

(Signature of Minister or Priest) _____
(Sponsor's Name — please PRINT) _____
(Sponsor's Signature)

(Sponsor's Address) _____
(Sponsor's Phone)

(Sponsor's Community – Aventura, CCTD, etc. – and weekend #) _____
(Sponsor's email)

Do not write in this box

Date received: _____ 2017

Required	Required	Required	Requested
<input type="checkbox"/> Current form (Av. #34)	<input type="checkbox"/> Guest Phone #	<input type="checkbox"/> Sponsor phone #	<input type="checkbox"/> Church name
<input type="checkbox"/> Parent phone #	<input type="checkbox"/> Guest address	<input type="checkbox"/> Sponsor address	<input type="checkbox"/> Minister's signature
<input type="checkbox"/> Parent address	<input type="checkbox"/> 9 th grade thru 21 yrs		
<input type="checkbox"/> Parent signature	<input type="checkbox"/> School name		
<input type="checkbox"/> Health insurance #s			