



46th Family Retreat – August 29 – September 1, 2025 (3 nights)

REGISTRATION FORM

Please make sure to provide clear and accurate information in completing this registration form.
Submission and payment details can be found on page 2.

Name:		Email:	
Name:		Email:	
Name:		Email:	
Name:		Email:	
Primary Applicant		Contact #	
Number of Adults:		Number of Children (under 18):	
Tick the option that applies. YOUR CHAPTER: <input type="checkbox"/> North <input type="checkbox"/> Central <input type="checkbox"/> South			

ACCOMMODATIONS:

- Flat weekend rate **PER PERSON** age 16 and above.
- All minors under 18 must share accommodation with at least one adult.
- Meals included in accommodation: (1x) Friday-PM, (3x) Sabbath, (2x) Sunday, (1x) Monday-AM
- Please select **ONE** accommodation type by placing a check mark in the appropriate box:

LODGE (3 nights only; based on # of people in a room):			
Lower Level Executive Rooms with bath: <i>(based on # of persons in a room)</i>	<input type="checkbox"/> 2pp/\$320 each <i>(\$640 total)</i>	Regular room NO BATH:	<input type="checkbox"/> 2pp/\$220 each <input type="checkbox"/> 3pp/\$190 each <input type="checkbox"/> 4pp/\$175 each
Regular room WITH BATH:			<input type="checkbox"/> 2pp/\$290 each
CABIN:			TRAILERS:
2 Nights	3 Nights		
<input type="checkbox"/> 1p/\$210	<input type="checkbox"/> 1p/\$290		<input type="checkbox"/> \$165 - 15 AMPs serviced
<input type="checkbox"/> 2pp/\$160 each	<input type="checkbox"/> 2pp/\$210 each		<input type="checkbox"/> \$220 - 30 AMPs serviced
<input type="checkbox"/> 3pp/\$140 each	<input type="checkbox"/> 3pp/\$185 each		<input type="checkbox"/> \$240 - 50 AMPs serviced
<input type="checkbox"/> 4pp/\$115 each	<input type="checkbox"/> 4pp/\$170 each		

LIABILITY WAIVER

I hereby acknowledge that my participation in the Caribbean Association of Adventists in Alberta (CAAA) Family Retreat involves certain risks and hazards. I voluntarily assume all risks, known and unknown, associated with my participation in this event, including but not limited to risks related to transportation, activities, and accommodations. Neither CAAA nor the Alberta Conference of SDA Churches is responsible/liable for lost, stolen or damaged personal/physical property or personal medical/food issues, or expenses arising from or related to my participation in the event, including but not limited to personal injury, illness, death, or property damage while using Foothills camp.

() I have read and understand this waiver and release of liability, and I voluntarily agree to its terms.
initials

****LIFE THREATENING ALLERGIES:** Please do not bring anything containing strawberries or nuts in any form on to the camp grounds.



MEALS:

- Trailer, day campers (Sabbath) and hotel guests should select from the meal options below:

Please select the meal type that applies by putting a check mark ☒ in the appropriate box :

☐ Trailer/ Hotel guests: Weekend meals \$120 per person, ages 13 and up

Children: Age 4 and under FREE. Ages 5-15 see meal rates below:

<u>2 nights</u> (Meals only; stay for free)		<u>3 nights</u> (Meals only; stay for free)	
<input type="checkbox"/> \$80 - Children ages 5-12		<input type="checkbox"/> \$75 - Children ages 5-12	
<input type="checkbox"/> \$115 - Youth ages 13-15		<input type="checkbox"/> \$110 - Youth ages 13-15	
Day Camper SABBATH ONLY Prepaid meal rate:	<input type="checkbox"/> \$30 – Child Lunch & Supper	Day Camper SABBATH ONLY Prepaid meal rate:	<input type="checkbox"/> \$50 - Adult/Youth Lunch & Supper

PAYMENT INFORMATION: Completed online forms and full payment are due by **August 14, 2025**. If submitted after the deadline, a \$35 late fee should be added. If canceling prior to the deadline, a \$35 fee will be charged.

Registration fee is non-refundable after the deadline.

For Cheques/Money Orders, make payable to CAAA. Submit payment and form to Chapter contacts **OR** pay via e-Transfer per below.

- Complete form. Submit a copy of your completed form to your chapter president via email.
- Pay registration fee through e-Transfer: caaaafunds@mycaaa.ca
- Add note to e-Transfer with primary applicant's name and chapter

Total Payment: \$	Deposit (if applicable) \$	Key deposit (for Executive rooms): \$20 <input type="checkbox"/>
Payment Type: Cheque <input type="checkbox"/> Cash <input type="checkbox"/> e-Transfer <input type="checkbox"/>		

NORTH	Ceri Grant	1(587) 778-6537	ceri_grant17@hotmail.com
CENTRAL	Dean Creary	1 (250) 640-4158	deancreary@yahoo.com
SOUTH	Leisa Afflick	1 (403) 835-8176	leisaafflick@gmail.com

PHOTO RELEASE

I hereby grant permission to Caribbean Association of Adventists in Alberta (CAAA) to use and reproduce photographs and/or videos taken of me during CAAA events for promotional and educational purposes. I understand that these photographs and/or videos may be used in print publications, online publications, presentations, websites, and social media. I also understand that my name and identity may be revealed in descriptive text or commentary in connection with the images.

I waive any right to royalties or other compensation arising from or related to the use of the photographs and/or videos. I hereby release, discharge, and hold harmless the CAAA and its representatives from any and all claims, demands, or causes of action that I may have now or in the future arising out of or related to the use of the photographs and/or videos, including but not limited to any claims for defamation, invasion of privacy, or infringement of moral rights, rights of publicity, or copyright.

(_____) I have read and understand this release and agree to be bound by its terms.
initials

By submitting this form: I, _____ hereby agree to abide by the rules and regulations set forth by the Caribbean Association of Adventists in Alberta for the Family Retreat Weekend.

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