



St. Padre Pio Youth Group Registration Form (Edge Grades 6-8)

St. Padre Pio Parish, 5500 Major Mackenzie Drive West, Kleinburg, ON L0J 1C0 PH: (905)-893-7879

****Please Complete Both sides of this form and return to Parish Office.****

Youth's Last Name : _____ **Mid. Name:** _____ **First Name:** _____

School: _____ **Grade:** ____ **Age:** ____ **Gender:** _____

T- Shirt Size (Unisex): S ____ M ____ L ____ XL ____ **Youth Cell #: Age:** _____

Family Name: _____ **Home Phone #** _____

Mother's Name: _____ **Father's Name:** _____

Street Address: _____ **City:** _____ **Postal Code:** _____

Mother's Cell #: _____ **Mother's Alternate/Work#:** _____

Father's Cell #: _____ **Father's Alternate/Work#:** _____

The Youth Ministry Team will primarily use email for communication. All emails will strictly focus on Youth Ministry ie: upcoming dates, events, last-minute cancellations due to weather, and more. Kindly share the most suitable parent/guardian email address for receiving these updates. - Parent/Guardian Email: _____

Registration Fee for each child is \$50. The fee covers the cost of arts and crafts, supplies, t-shirt, and equipment for the entire year.

Please provide us with any information about your child that would help us accommodate them better:

Does your child have any allergies? If so please list clearly:

Does your child require an epi-pen? Y / N (please circle)

Does your child have any chronic medical concerns or physical limitations? If so, please specify:

Does your child take doctor prescribed medication(s)? If so, please specify:

EDGE PERMISSION/ MEDICAL RELEASE

Family Name _____ Participant Name _____ Health Card #: _____

Family Physician: _____ Phone #: _____

Emergency Contact Name/Relationship: _____ Phone Number: _____

Cell # _____ Alternate #: _____

MODEL RELEASE STATEMENT

I hereby grant permission for my child to be photographed and/or videotaped during Youth Night Activities and events. I understand that my child may decline to be photographed and/or videotaped at any time. I further grant permission for the resulting photographs and/or videotaped footage to be edited, if necessary, and then published and/or used for the purpose of promoting youth programs at St. Padre Pio Parish.

Name (please print): _____ Date: _____

Signature: _____

I hereby decline to grant permission for my child to be photographed and/or videotaped during Youth Night Activities and events. I have instructed my child to decline to be photographed and/or videotaped at all times. I have further instructed my child to notify the Youth Minister and/or Core members that he/she may not be photographed and/or videotaped under any circumstances.

Name (please print): _____ Date: _____

Signature: _____

I/We understand that reasonable precaution will be taken to safeguard the health and safety of the participant and that the designates emergency contact person will be notified as soon as possible in case of emergency. In the event of any sickness or accident person(s) will not hold St. Padre Pio Parish, the Archdiocese of Toronto, any volunteer, chaperone, or driver responsible. I/We authorize and consent that emergency treatment be rendered under the general or specific supervision and on the advice and on the advice of any physician, dentist, or surgeon; licensed to practice in the Province of Ontario or any other Province. The undersigned understand(s) and agrees that any medical, dental, or hospital expense incurred shall be at their own risk. The undersigned understand(s_) every effort will be made to notify the emergency contact in the event of any emergency.