



YOUTH PROGRAMS PARTICIPANT REGISTRATION FORM and WAVER 2015-2016

Participant's Full Name: _____

Date of Birth: ___/___/_____ Age: _____

Mailing Address: _____

School Attending: _____ Grade: _____

Email Address: _____ Phone Number: _____

Parent/Guardian's Information

Name: _____

Home Ph: (____) _____

Cell Ph: (____) _____

Work Ph: (____) _____

Email: _____

Parent/Guardian's Information

Name: _____

Home Ph: (____) _____

Cell Ph: (____) _____

Work Ph: (____) _____

Email: _____

Emergency Contact Name: _____

Relationship to Child: _____ Phone Number:(____) _____

Alberta Health Care #: _____

Allergies: _____

Medical Conditions, Medications and Treatment Plans:

Please Circle which Youth Programing that you will be attending this year.

VERVE
 (Grades 6 – 8)

OR

UNITE
 (Grades 9– 12)

Are you interested in participating in the music ministry for the Sunday evening 5pm mass? _____

Are there any topics, events, and questions that you would like see included in this year's Youth Programs?

Extra Comments and Concerns are welcomed.

PARENTAL PERMISSION WAVER

I, _____, request that my son/daughter/ward,
_____, be permitted to participate in

Youth Events at Holy Family Parish, 75 Poirier Ave St. Albert, Alberta.

I understand that reasonable precautions will be taken to safeguard the health and well-being of the participants in this event and that I will be notified as soon as reasonably possible in the event of an emergency.

In case of medical emergency, I authorize and consent to the Youth Coordinator or designate of the Holy Family Parish to obtain medical care from a licensed physician for my child/ward. I hereby do release and forever discharge The Catholic Archdiocese of Edmonton and all parties acting under the auspices of the Catholic Archdiocese of Edmonton from all manners of actions and claims which I or my child/ward has or may have arising in any manner from the above described event.

My child/ward agrees to abide by all the rules and regulations stated at the event. I agree that The Catholic Archdiocese of Edmonton, and their associated designates will not be liable if my child/ward is injured as a result of my child/ward failing to cooperate with rules or regulations, and that any infraction of the rules may result in immediate dismissal from the above described event without reimbursement of incurred costs, and at the expense of the participant concerned.

Parent/Guardian’s Signature: _____

Date: _____

PHOTO/ VIDEO RELEASE FORM

I hereby grant to Holy Family Catholic Parish (the Church) the right to reproduce, use, exhibit, display, broadcast, distribute and create derivative works of photographed or filmed images of my child (name) _____ . I understand these images will be collected and maintained indefinitely by the Church for the use of Youth Group activities and/or for promoting, publicizing or displaying Church activities. This grant includes, without limitation, the right to publish my child’s name, comments, photos, and film to Church websites, in Church publications, and in PR/ promotional materials. Such activities include- but are not limited to- print, broadcast, videotape, CD_ROM, Church newsletters, bulletin boards, handouts, pamphlets, websites, blogs, emails, and social media.

Parent/ Guardian Signature: _____

Date: _____

All Information will be held in strict confidence.