

PATERNAL PERMISSION WAIVER

I, \_\_\_\_\_ request that my son(s)/daughter(s)/ward(s), \_\_\_\_\_, be permitted to participate in Youth Night 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 events. 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.

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/ ward, \_\_\_\_\_. I understand these images will be collected and maintained indefinitely by the Church for the use of Youth Group activities and/or 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 within this package will be held in strict confidence and will not be given out.



Unite: Mondays from 7-9 from grades 9-12  
Verve: Wednesdays from 7-8:30 for grades 6-8

Youth Info:

Youth's Full Name: \_\_\_\_\_

Birthday: \_\_\_\_\_ Please Circle: Unite Verve

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Email Address: \_\_\_\_\_

Favourite Saint: \_\_\_\_\_

Favourite Bible Quote: \_\_\_\_\_

Why Do You Want To Come to Youth Group? \_\_\_\_\_

What Are Some Topics You Want To Hear About? \_\_\_\_\_

Parent/Emergency Contact/Medical Info:

Parent Name(s): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

Alberta Health Care #: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medical Conditions/Medication/Treatment: \_\_\_\_\_

Emergency Contact (if not parent): \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship to Youth: \_\_\_\_\_

Other Comments: \_\_\_\_\_

Stay Connected:

Instagram: hfp youth // FB: Holy Family Youth

Email: youthprograms@holyfamilyparish.ca

