

*St. Mary of the Assumption Roman Catholic Church
And
The Diocese of St. Catharines*

Consent and Registration Form

Please accept this registration for YOUTH MINISTRY to be held on Thursdays from September 2014 to June 2015.

**Participants under age 18 must have their parent/guardian read the following
and sign where indicated below.**

I/We agree to waive, discharge and release the Parish of St. Mary of the Assumption and the Diocese of St. Catharines, their servants, agents, staff, affiliates and volunteers, from any and all claims or liability for damages or expenses, howsoever caused, whether by negligence or otherwise, arising directly or indirectly from this event.

I/We hereby agree to the terms of the above release. In the case of a minor child: should an emergency arise and I cannot be reached I further authorise the project supervisor to act on my behalf to make decisions pertaining to the health, welfare and safety of my child.

I/We have reviewed and agree to the expectations of participants for this event. I/We understand that any infraction of these will result in immediate dismissal at my/our expense.

Participant's signature

Birth Date (MM/DD/YY)

PRINT *Participant's Name*

Date

MEDIA WAIVER

I, the undersigned, do hereby consent to have photographs taken of me/my child for the use in any form of media and/or publicity material produced or printed by St. Mary of the Assumption Parish and/or the Diocese of St. Catharines and/or other appropriate partners. The undersigned authorizes the photographer/production company to make reproductions of the photograph(s) to be used at the full discretion of the above-mentioned parties. The undersigned release and forever discharges the aforementioned parties and the photographer/ production company against all actions and claims.

Participant's signature

Date

CONSENT BY PARENT / GUARDIAN

I have read the above Indemnity and Media Waivers and agree to the terms.

Parent/Guardian signature

Date

PLEASE PRINT *Name of Parent/Guardian*

Home Phone Number

Cell Phone Number

Alternate Phone Number

YOUTH MINISTRY REGISTRATION FORM 2014 - 2015

PLEASE **PRINT** CLEARLY

Participant's Name: _____ Circle: Male Female
First Name Surname

Date of Birth: _____ School: _____
Month day year

Address: _____
Number & Street City Postal Code

Participant's email address: _____
please print legibly

Parent's Name: _____
First Name Surname

Parent's contact info: _____
Home or cell phone # email - please print legibly

Alternate adult contact: _____
First & Last Name Relationship phone #

MEDICAL INFORMATION

Dietary Concerns No Yes If yes, type: _____

Diabetic No Yes Medications: _____

Asthma No Yes Medications: _____

Allergies No Yes Food: _____

Drugs: _____

Animals: _____

Insect stings/bites: _____

Seasonal: _____

Other: _____

Please check and list allergies as indicated.

I carry: Epipen Medications: _____

Are there any medical conditions and/or emergency procedures of which we should be made aware? No Yes

If yes, please explain: _____

Please list other medications you are currently taking: _____
