



## Registration Form 2016-2017

**PARTICIPANTS INFO:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
 Grade \_\_\_\_\_ School \_\_\_\_\_  
 Gender \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_  
 Cell # \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

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

Address \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell # \_\_\_\_\_

*The Life Teen Core Team will be communicating by e-mail whenever possible. All emails sent will be strictly related to Life Teen. i.e. upcoming Life Nights/Events.*

**PARENT/GUARDIAN** Email Address \_\_\_\_\_

**PARTICIPANT'S** Email Address \_\_\_\_\_

- I would like to be contacted to assist with LIFE NIGHT snacks throughout the year
- I would like to be contacted to assist with LIFE NIGHT Environment decorating

**MODEL RELEASE STATEMENT**

- I hereby grant permission for my child to be photographed and/or videotaped during Life 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 Life Teen and/or youth programs at St Barnabas Parish.

(Signature) \_\_\_\_\_ (Date) \_\_\_\_\_

- I do NOT grant permission for my child to be photographed and/or videotaped during Life Teen Activities and Events.

(Signature) \_\_\_\_\_ (Date) \_\_\_\_\_

**PLEASE COMPLETE BOTH SIDES OF THIS FORM**

**LIFE TEEN PERMISSION / MEDICAL RELEASE**

**Every person who participates in any Life Teen activities or events must fill out this form.**

Health Card # \_\_\_\_\_

Please list any know allergies, health problems, or current medications \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your child have any special needs due to a learning disability, physical disability, reading difficulty, hearing impairment or emotional concerns? (This is not asked to exclude your child in anyway, but to include them more fully)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**St. Barnabas Parish for Life Teen Youth Ministry**

I/We understand that reasonable precaution will be taken to safeguard the health and safety of the participant and that the designated 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 Barnabas, 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 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 that treatment is necessary.

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature

Date

**Registration fee for the 2016-2017**

**LIFETEEN Program**

*(Cash or cheque Payable to St. Barnabas)*

**\$50 per youth**

**or**

**\$40 for 2 or more youth in a family**

For Office Use Only	Date Submitted:
Payment Method:	Received By: