



The Parish of Saint Christopher

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Web site: www.stchristophersmi.archtoronto.org Email: stchristophersmi@archtoronto.org

**** PLEASE RETURN TO LEVY AT ST. CHRISTOPHER PARISH OFFICE ****
IF YOU HAVE ANY QUESTIONS PLEASE CONTACT LEVY AT LRAMOS@ARCHTORONTO.ORG



Participant's Information

Last Name: _____ First Name: _____
Grade: _____ School: _____ Birthday: _____
Gender: _____ Age: _____ Primary Phone Number: _____
T-Shirt Size (Adult UNISEX) S___ M___ L___ XL___ Is this the participant's first year joining us? Yes___ No___

YOUTH PROGRAM: (CIRCLE ONE) JR. EDGE (GR. 3-5) EDGE (GR. 6-8) LIFETEEN (GR.9-12)

PROGRAM FEE: \$40.00

Contact Information

Name: _____ Relationship to Participant: _____
Email: _____ Primary Number: _____
Secondary Contact: _____ Relationship to Participant: _____
Email: _____ Phone Number: _____

Medical Information

Does your child have any medical, (Allergies, Physical, Mental or Developmental) needs we should be aware of?

Please turn over page

MODEL RELEASE STATEMENT

- **I hereby grant permission for my child to be photographed and/or videotaped during Lifeteen /EDGE 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 Lifeteen/EDGE and/or youth programs at St. Christopher Parish.**

Please put parent/guardian's initials (Checkmarks are Not Accepted)

YES _____ NO _____

The above named person is permitted to participate in the activities planned at:
St. Christopher Parish for LIFE TEEN

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. Christopher 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 of any physician, dentist, or surgeon; licensed to practice in the Province of Ontario of 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