## MARCHING WITH CHRIST 2025 REGISTRATION FORM: MARCH BREAK CAMP | ST. CHRISTOPHER'S PARISH March 10th - March 14th, 2025 | 9am-3pm

Registration will be on Thurs. Jan 30th and Fri. Jan 31st from 6:00 pm to 7:30 pm in the church vestibule. Please note that registration will be processed at a first come, first serve basis. If there are any questions/concerns please contact Levy Anne Revita at Iramos@archtoronto.org

\*\*\*CASH AND CHEQUES (PAYABLE TO ST. CHRISTOPHER'S PARISH) ONLY. NO CARD PAYMENTS AVAILABLE. \*\*\*

OFFICE USE ONLY				
Amount Paid				
Ck/Cash				
Date of Registration				

	Darti	cinant's Informa	ation
	raru	cipant's Informa	ILIOII
Last Name:		First Name:	
Grade Completed: _	S	chool:	Age( 4-11):
	Gender:	Birthday	

Name:	Relationship to Participant:	
Email:	Main Number:	
Secondary Contact:	Relationship to Participant: _	
Email:	Main Number:	
Eme	rgency Contact's Informatio	n
Name:	Relationship to Participant:	
Main Number:		

MEDICAL INFORMATION			
Does your child have any medical, (Allergies, Physical, M	ental or Developmental)		
needs we should be aware of?			
Are there any other concerns we should be aware of?			
The there any early earlier before we enough be aware or.			
MODEL RELEASE S	TATEMENT		
model Released	.,		
I hereby grant permission for my child to be photograph. WITH CHRIST activities and events. I understand that my photographed and/or videotaped at any time. I further photographs and/or videotaped footage to be edited, if ne used for the purpose of promoting MARCHING WITH CHRIST CH	child may decline to be grant permission for the resulting cessary, and then published and/or		
Please put parent/guardian's initials (checkmarks are i	not accepted)		
YES NO_			
The above-named participant is permitted to pa <u>St. Christopher Parish for Ma</u>	·		
I/We understand that reasonable precaution will be taked participant and that the designated emergency contact places of emergency. In the event of any sickness or according to the Archdiocese of Toronto, any volunteer, chaperd consent that emergency treatment be rendered under the advice of any physician, dentist, or surgeon; licensed to perform the undersigned understand(s) and agrees the incurred shall be at their own risk. The undersigned understand the emergency contact in the event the	person will be notified as soon as possible in ident person(s) will not hold St. Christopher one, or driver responsible. I/We authorize and e general or specific supervision and on the ractice in the Province of Ontario of any other nat any medical, dental, or hospital expense terstand(s) every effort will be made to notify		
Parent(s)			
Signature	Date		

## Marching with Christ - St. Christopher's Parish

## **Drop Off and Pick Up Policy**

Please notify the camp staff if an unauthorized person will be picking up your child. Verbal and written permission **must be received** before we will release a child to anyone who is not authorized on the registration form. We will not allow your child to leave with an unauthorized person without previous permission. This is for the safety and protection of your child.

A parent or guardian must authorize up to 3 individuals to pick up their child from Marching with Christ Authorized individuals will be required to present valid identification to pick up any child from the Marching with Christ.

I authorize the following individuals to pick up my child from Marching with Christ:

1. Name:		Phone:			
2. Name:		Phone:			
If an authorized individual without valid identification or an unauthorized individual comes to pick up my child from Marching with Christ, I can be contacted at this number:					
All parents and guardians must make sure that a staff person recognizes that the child has been dropped off or is being picked up from Marching with Christ.  Parent name  Date					
Parent nar	Tie Date	<del>)</del>			