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, Mental or Developmental)			
needs we should be aware of?			
Are there any other concerns we should be aware of?			
The more any early early earlier we encound be amane en			
MODEL RELEASE STATEMENT			
<u>I hereby grant permission</u> for my child to be photographed and/or videotaped during MAF WITH CHRIST 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 MARCHING WITH CHRIST at St. Christopher Parish.			
Please put parent/guardian's initials (checkmarks are not accepted)			
YESNO			
The above-named participant is permitted to participate in the activities planned at St. Christopher Parish for Marching with Christ	:		
I/We understand that reasonable precaution will be taken to safeguard the health and safet participant and that the designated emergency contact person will be notified as soon as pocase of emergency. In the event of any sickness or accident person(s) will not hold St. Chr Parish, the Archdiocese of Toronto, any volunteer, chaperone, or driver responsible. I/We auticonsent that emergency treatment be rendered under the general or specific supervision an advice of any physician, dentist, or surgeon; licensed to practice in the Province of Ontario of Province. The undersigned understand(s) and agrees that any medical, dental, or hospital incurred shall be at their own risk. The undersigned understand(s) every effort will be made the emergency contact in the event that treatment is necessary.	essible in istopher norize and on the any other expense		
Parent(s)			
SignatureDate			

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)				