

St. Paul the Apostle

190 King St. S. Alliston, ON, L9R 1V9

Youth Director: Dave McKendrick Cell/Text 647-237-1348 best, 705-435-6325 x24 leave message,



Annual **LIFE TEEN Registration Form** (for high school) dmckendrick@archtoronto.org
Grade 9s (after Christmas) and older grades who regularly attend LIFE TEEN, are welcome to volunteer at EDGE.

Please complete as applicable to you (as volunteer) or your youth (under 18 years of age - as participant).

MINISTRY you wish to be a part of. *One person per form.*

LIFE TEEN (youth) _____ Volunteer (Adult Core) _____ Teen Volunteer for EDGE (Crew) _____

Participant Name: (Print Clearly) _____ Age: _____

Gender: (Circle) M / F _____ Birth Date: (Month/Day/Year) _____

Mother Cell: _____ Father Cell: _____ Home Phone: _____

Parent/Guardian: (First & Last Name) Mother _____ Father _____

E-mails: (Print Clearly) Mother _____ Father _____

Student Email: (Print Clearly) _____ Student Cell: _____

School: _____ Grade: _____ Adult T-shirt Size: S M L XL XXL 3XL

Home Address: _____ Postal Code: _____

Emergency Contact Name: _____ Phone Number(s): _____

Medical Treatment and Liability Release

If needed, I give permission for me/my youth to be evaluated, diagnosed, treated, &/or given medication in accordance with standard medical practice by licensed medical personnel. I understand that attempts to contact me (for youth), if necessary, will be made.

I relieve St. Paul the Apostle Parish, all volunteers, chaperones & staff of all responsibility and consequences that may arise as a result of this treatment. I will not hold St. Paul the Apostle Parish, all volunteers, chaperones & staff, liable in the event of injury or illness. I agree to accept any & all financial responsibility as a result of scheduling medical treatment.

Vegetarian _____ Vegan _____ Food Allergies: _____

Medical Info: _____ Physician: _____ Phone: _____

Medications: _____ Health No. (include letters) _____

All names & all relevant health/medical info must be completed & received prior to attending.

Add on back of form if additional space required.

Photos / Videos - are taken during events. I permit the publishing of these personal photos/videos on St. Paul the Apostle Parish promotional material including parish website, Facebook, Twitter/X, Instagram, & similar internet sites.

Rules, Regulations and Liability Release

I/my youth agree to abide by the rules & regulations stated by St. Paul the Apostle Parish, all volunteers, chaperones, drivers and staff, including the stipulation that alcohol, drugs and weapons are never permitted.

I understand that St. Paul the Apostle Parish, all volunteers, chaperones, drivers & staff will not be held liable for accidental harms, negligence, or if I/my youth fails to comply with regulations, & that any infraction of these rules may result in immediate dismissal from the event with transportation costs at my expense.

My youth has permission to regularly leave unsupervised (walk home/leave without an adult) from events hosted/finishing at St. Paul the Apostle Church. (Parent Initials only, no ✎) Yes _____ No _____

My youth has permission to walk or drive with volunteers to activities off site hosted/finishing at St. Paul the Apostle Church. (Parent Initials only, no ✎) Yes _____ No _____

Road Trips: Occasionally we attend retreats & events in other locations, often with other parishes. Fees may be applied based on event cost. We try to be nut-free. We ask your co-operation. St. Paul the Apostle parish, and other participating parishes may transport, by volunteer vehicles if needed, or use coach or school buses when needed. When we travel by volunteer vehicle, we collect \$5-\$10 (in addition to event costs) for gas for drivers. Does not apply to local trips. Normal Risks associated to the type of activity need to be considered. Vehicle seating is always on a first come basis. Pickup & drop off times will vary per event. All liability releases above also apply to all participating parishes, and their staff, their volunteers, chaperones and drivers. See information emails & texts for specific information about each event.

Parent / Guardian(s) Signature: _____ **Date:** _____

Participant or Volunteer Signature: _____ **Date:** _____

This information is strictly confidential and will only be used as needed by LIFE TEEN/EDGE Staff and Volunteers approved by the St. Paul the Apostle Parish. Please inform us when changes to this information occurs.