

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,



EDGE Registration Form (for grades 6 - 8)

allistonlifeteen@gmail.com

Currently Grade 8s who attend EDGE regularly, are also permitted to attend LIFE TEEN. After Easter each year, grade 5s may start attending EDGE.

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

MINISTRIES you wish to be a part of – please checkmark all applicable. One person per form.

EDGE ___ Adult Volunteer (Core) ___ Teen Volunteer (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

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 and received prior to attending.

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, Instagram, and similar internet sites.

Rules, Regulations and Liability

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

I understand that St. Paul the Apostle Parish, all volunteers, chaperones & staff will not be liable 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 ___

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. **Page 1 of 2 complete both pages.**



PRINT NAME _____
First and Last

**Permission, Responsibilities & Waiver of Liability Agreement
For Grade 6-8 Youth**

ROAD TRIPS - 2022/23

Attended through St. Paul the Apostle Parish in association with other Parishes

Occasionally we will attend retreats and events in other locations, sometimes with other parishes. Fees may be applied based on event cost. We try to be nut-free. We ask your co-operation.

When we travel, we collect \$5-\$10 (in addition to event costs) for gas for volunteer drivers. Does not apply to local trips.

Normal Risks associated to the type of activity need to be considered. St. Paul the Apostle parish, and other participating parishes may transport by volunteer vehicles, if needed, or use coach or school buses when needed. Vehicle seating is always on a first come basis. Pickup and drop off times will vary per event.

For Additional Info (text, call or email) - Dave McKendrick 647-237-1348 or allistonlifeteen@gmail.com

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

I relieve St. Paul the Apostle & participating parishes, all volunteers, chaperones & staff of all responsibility & consequences that may arise as a result of this treatment. I will not hold St. Paul the Apostle & participating parishes, 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.

I am aware that photos/videos are taken during these events & permit the use or publishing of these photos/videos only for St. Paul the Apostle & participating parishes promotional material & internet sites.

My youth agrees to abide by the rules & regulations stated by St. Paul the Apostle & participating Parishes, all volunteers, chaperones & staff, including the stipulation that alcohol, drugs & weapons are prohibited.

I understand that St. Paul the Apostle & participating Parishes, all volunteers, chaperones & staff will not be liable if 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.

I / My youth, (printed full name) _____ will attend. They have permission to leave St. Paul the Apostle parish unattended after the event (Parent Initial) _____

Signature of Participant _____ **Date** _____

Signature of Parent _____ **Date** _____

You must have your parent/guardian's signature and your own.

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.

See information emails for specific information about each event.