

PLEASE COMPLETE ALL SIDES OF THIS FORM



OFFICE USE ONLY

Amount Paid _____

Cheque/Cash _____

Date of Registration _____

PLEASE MAKE CHEQUES PAYABLE TO
"ST. PATRICK'S CHURCH - MEMO: EDGE"

REGISTRATION FORM 2015-2016

Youth's Last Name _____ First Name _____

Grade _____ School _____

M ___ F ___ (check one) Age _____ Youth T-Shirt Size (UNISEX) S___ M___ L___ XL ___

Is this your child's first year in The EDGE (yes)___ (no) ___

Does this child have any siblings in EDGE? Who? _____

Mother's First Name _____ Last Name _____

Father's First Name _____ Last Name _____

Legal Guardian's First Name _____ Last Name _____

Address _____ City _____ Postal Code _____

Home Phone Number _____ Legal Guardian's # _____

Mother's Cell # _____ Mother's Work # _____

Father's Cell # _____ Father's Work # _____

The EDGE will be communicating by e-mail whenever possible. All emails sent will be strictly related to EDGE. i.e. upcoming dates and events. We require a parent/guardian email address only.

PARENT/GUARDIAN Email Address: _____

Annual Registration Fee: \$15 for T-Shirt

(You may incur additional costs for optional EDGE events)

****Annual fee includes all EDGE sessions from October 2015 to May 2016****

MEDIA RELEASE STATEMENT

- ✓ I hereby GRANT permission for my child to be photographed and/or videotaped during *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 *EDGE* and/or youth programs at St. Patrick's Church.

Name (PLEASE PRINT) _____

(Signature) _____ (Date) _____

- ✓ I hereby DECLINE to grant permission for my child to be photographed and/or videotaped during *EDGE* activities and events. I have instructed my child to decline to be photographed and/or videotaped at all times. I have further instructed my child to notify the *EDGE* Youth Ministry Coordinator and/or Core Team Members that he/she may not be photographed and/or videotaped under any circumstances.

Name (PLEASE PRINT) _____

(Signature) _____ (Date) _____

EDGE PERMISSION / MEDICAL RELEASE

Every person who participates in any EDGE activities or events must fill out this form.

Family Name _____

Participant First Name _____ Last Name _____

Family Doctor _____ Number _____

Health Card # _____

Emergency Contact Name/Relationship _____

Contact Number _____ Cell # _____

Does your child have any special needs due to a learning disability, physical disability, reading difficulty, hearing impairment or emotional concerns? (If so, please describe.)

Does your child have a serious learning disability (i.e. autism, severe ADHD, etc.)? Y / N

If yes, please note: parental/adult supervision must be assigned to the child.

Please list any known allergies, health problems, or current medications:

All medications except inhalers must be turned in to the EDGE Youth Ministry Coordinator to be kept in a secure location. Please notify us about any serious conditions that require close supervision.

Please note that permission is required for an adult to administer an EpiPen.

Has your child received a tetanus shot in the past 10 years? Y / N (circle one)

**THE ABOVE NAMED PERSON IS PERMITTED TO PARTICIPATE IN THE ACTIVITIES PLANNED AT
St. Patrick's Church, Markham for EDGE Youth Ministry**

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. Patrick's Church, 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 or 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

SOCIAL MEDIA POLICY

St. Patrick's Youth Ministry uses today's technology to reach out to the youth of the parish through Facebook, Twitter, and Instagram. All postings on any St. Patrick's Youth Ministry social media site or page are subject to the discretion of the Youth Ministry Coordinator and the Pastor.

All communications with youth through social media outlets by anyone representing the parish are considered public information and will be made available to any parent upon request. All participants and volunteers are to remember that they are representing the parish when posting about St. Patrick's Youth Ministry related events, and therefore must be appropriate.

Any form of cyber-bullying or harassment of any kind will NOT be tolerated and will be addressed immediately. St. Patrick's Youth Ministry will not tolerate posting obscene, harassing, offensive, derogatory, or defamatory comments, links and/or images to St. Patrick's Youth Ministry social media pages or to those of participants in St. Patrick's Youth Ministry programs.

In the unlikely event that such circumstance should happen, St. Patrick's Youth Ministry will immediately:

1. Speak to the individual who made the post or comment
2. Ask the individual to remove the post or comment immediately
3. The parents of the individual will be informed
4. The individual will meet with the parish priest to have a one-on-one dialogue to explore the merits of our Christian values
5. If it is determined that a person's safety is at risk, the appropriate authorities will be immediately notified (e.g. Police, Children's Aid, etc.)

A further offense will result in the youth being removed from participating in social media sites and, given the circumstances, may be requested to withdraw from the program.

I _____, (please print name)

have read and agree to abide by the Social Media Policy set forth by St. Patrick's Youth Ministry.

Child Signature _____ Date _____

Parent Signature _____ Date _____

