

PLEASE COMPLETE ALL SIDES OF THIS FORM



REGISTRATION FORMS 2019-2020

OFFICE USE ONLY	
Amount Paid	_____
Cheque/Cash	_____

<i>EXACT CASH OR CHEQUE. PLEASE MAKE CHEQUES PAYABLE TO "ST. PATRICK'S CHURCH – MEMO: Youth Ministry"</i>

YOUTH'S INFORMATION	
Last Name _____	First name _____
M ____ F ____ (CHECK ONE)	Birthdate (MM/DD/YYYY) _____
Grade _____	High School _____
Youth's Cell # _____	Youth's E-mail _____

Mother's First Name _____ Last Name _____

Father's First Name _____ Last Name _____

In case of emergency

Primary Cell Phone # _____ Home Phone # _____

Mother's Cell # _____ Father's Cell # _____

By providing an email address below, you are agreeing to receive email communication from our ministry to this designated address.

PARENT/GUARDIAN Email Address _____

MEDIA RELEASE STATEMENT

I hereby **grant** permission for my child to be photographed and/or videotaped during youth ministry (EDGE and/or Lifeteen) activities and events. I further grant permission for the resulting photographs and/or videotaped footage to be edited, if necessary, and then used on our youth ministry database software and/or used for the purpose of promoting youth programs at St. Patrick's Church.

Please Circle YES NO

SOCIAL MEDIA POLICY

Youth Ministry uses today's technology to reach out to the youth of the parish, including a Website and Facebook, Twitter pages and a Youtube site. All postings on any youth ministry sponsored site or page are subject to the discretion of the coordinator of Youth Ministry and the pastor.

All communications with any youth through social media programs by anyone representing the parish are considered public information and will be made available to any parent upon request. Any participant or volunteer is to remember that they are representing the parish when posting about St. Pat'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.

Edge will not tolerate posting obscene, harassing, offensive, derogatory, or defamatory comments, links and/or images. In the unlikely event that such circumstance should happen, St. Pat's Youth Ministry will immediately:

1. Talk with the youth who made the posting
2. Ask youth to remove posting immediately
3. Parent will be informed of posting
4. Youth 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 (Eg. Police, Children's Aid, etc.)

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

I _____ (Youth's Name) have read and agree to abide by the Social Media Policy set forth by the Youth Ministry of St. Patrick's Parish

MEDICAL INFORMATION

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.

We will attempt to be as accessible as possible. If you experience any challenges or concerns, please let us know.

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

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.

By signing, I/we acknowledge that the information on the registration form is accurate.

Youth's Name _____

Parent's Name _____

Youth's Signature _____

Parent's Signature _____

Date _____

Date _____

Annual Registration Fee: \$30

Exact cash or cheque will be accepted. You may incur additional costs for optional youth ministry events.