

PLEASE COMPLETE BOTH SIDES OF THIS FORM

ST. IGNATIUS OF LOYOLA PARISH
2300, BURNHAMTHORPE ROAD WEST, MISSISSAUGA, ON, L5L 3T6



OFFICE USE ONLY

Amount Paid _____

Ck/Cash _____

Date of Registration _____

Registration Form 2024-25

| | |
|-------------------------|------------------|
| Youth's Last Name _____ | First Name _____ |
| Grade _____ | School _____ |
| Gender _____ | Age _____ |

Mother's First/Last Name _____

Father's First/Last Name _____

Address _____ City _____ Postal Code _____

Home Phone Number _____

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 would require a parent/guardian address only.

PARENT/GUARDIAN Email Address: _____

Registration Fee \$20.00 first Child, \$50.00 family maximum (3+).

No youth is ever turned away for a lack of funds.

MODEL 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 *The EDGE* and/or youth programs at St. Ignatius of Loyola Parish.

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 *EDGE* coordinators 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 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?

Please list any know allergies, health problems, or current medications _____

Has your child received a tetanus shot in the past 10 years? Y/N _____

The above named person is permitted to participate in the activities planned at:

St Ignatius of Loyola Parish 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. Ignatius of Loyola Parish, 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 of 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 _____