



# HOLY TRINITY PARISH YOUTH MINISTRY

## Summer Youth Ministry Activities 2019 Registration Form

Join us for Holy Trinity Parish's summer youth ministry activities!

**Games Tournament:** Saturday July 20<sup>th</sup> at 12pm, upstairs in the youth room *for youth entering gr 9-12.*

**Water Fight:** Sunday July 21<sup>st</sup> at 12pm, outside the parish *for youth entering gr 5-8.*

**Ultimate Frisbee:** Bi-weekly Wednesdays, beginning July 3rd, at 6:30pm at Jubilee Park, *for any youth.*

More information on each activity is available on the youth board and at [www.htyouth.ws](http://www.htyouth.ws). If you have any questions please contact James Whyte at 780-960-0135 or e-mail [youth@trinitycatholic.net](mailto:youth@trinitycatholic.net).

**Participants Name:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_ **Gender:** M / F

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **PC:** \_\_\_\_\_

*I request that my son/daughter, \_\_\_\_\_, be permitted to participate in the Holy Trinity Parish Summer Youth Ministry Activities from July to August 2019 at Holy Trinity Parish and Jubilee Park. I understand that these events are co-ed, and include indoor and outdoor activities, physical games, and youth led discussions.*

*If a medical emergency involving my child/youth should arise during the event, I understand that I will be contacted as soon as reasonably possible, and I authorize the parish, and its staff and volunteers to obtain medical treatment for my child/youth.*

*I understand that if my child/youth requires medication, the prescription medication will be in original containers and securely stored with the approved group leader. The medication will be self-administered by my child/youth or by me – staff and volunteers will not apply or dispense medication.*

*In consideration of my child/youth being permitted to attend the event, I, on behalf of myself, my child/youth, and our respective heirs, executors, administrators, and assigns, do hereby release Holy Trinity Catholic Church, and its staff and volunteers participating at the event (collectively, the "Releasees"), from any claims, demands, or actions arising out of any loss, injury, or damage to my child's/youth's person or property at the event, notwithstanding that any such loss, injury, or damage may have arisen by reason of the negligence of the Releasees.*

*I understand that Holy Trinity Catholic Church may take photographs, video recordings, and audio recordings of the participants at the event, including my child/youth, and I authorize the parish to do so. I further authorize the parish to use or publish any such images or recordings in its sole discretion.*

*I understand that my child/youth shall be required to abide by all the rules of the event, which will be provided to him/her, and that my child's/youth's failure to follow these rules may result in my child's/youth's immediate dismissal from the event at my expense.*

**Parent/guardian's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Emergency Contact 1: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact 2: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Does your child have any physical, emotional, mental, behavioural concerns or limitations that our staff should be aware of? Yes \_\_\_ No \_\_\_

If yes, please explain \_\_\_\_\_

Treatment for condition \_\_\_\_\_

Does your child have any allergies? Yes \_\_\_ No \_\_\_

If yes, please list them \_\_\_\_\_

Treatment for allergies \_\_\_\_\_

Please list medication your child is bringing \_\_\_\_\_

*\*Written instructions must be given to the leader by the parent/guardian for EpiPens and asthma puffers as participants may be required to carry these on their person. Participants requiring medication or EpiPens must complete subsequent forms and return them to James.*