



HOLY TRINITY PARISH YOUTH MINISTRY

St John Vianney Youth Prayer Group

St John Vianney's Youth Prayer Group is a ministry initiative focused solely on praying with Holy Trinity Parish's youth. It meets on the third Monday of each month at 7pm in the church or chapel. These prayer meetings will give teens the opportunity to pray with their peers, growing closer to God through prayer.

"Prayer is to our soul what rain is to the soil. Fertilize the soil ever so richly, it will remain barren unless fed by frequent rains." – St John Vianney.

If you have any questions please contact James Whyte at 780-960-0135 or e-mail youth@trinitycatholic.net. Please return this signed form to James.

Participants Name: _____ Birthdate: _____ Gender: M / F

Address: _____ City: _____ PC: _____

I request that my son/daughter, _____, be permitted to participate in Holy Trinity Parish's St John Vianney Youth Prayer Group from September 2019 to June 2020. I understand that this program is co-ed, and includes 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.*