St James
Youth Ministry

ST. JAMES CHURCH
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St. James Parish **Crux Ave (gr. 9 - 12)** Registration Form

Name of Teen: _____

Grade **(Fall 2026):**_____

Email: _____ Phone Number: _____

Has your teen received their First Holy Communion? □ Yes □ No

PARENT INFORMATION

Parents' Names: _____

Preferred Email: _____

Preferred Phone Number: _____

Address: _____

EMERGENCY CONTACT & MEDICAL INFORMATION (Person who can be contacted to pick up teen)

Name: _____ Relationship: _____ Phone #:_____

Please list any **medical information** which may be helpful (allergies, diabetes, asthma, etc.):

_____

Does your child have a serious learning disability? (e.g. Autism, ADHD)? □ Yes □ No

Does your child have an IEP (Individual Education Plan) at school? If yes, please describe. □ Yes □ No

_____

I give consent for my child to participate in St. James Parish's Crux Ave youth ministry.

_____ _____

Parent/Guardian's Signature Date

Media Release Waiver for Parent/Guardian

I hereby grant permission for my child to be photographed and/or videotaped during Crux Ave Youth Ministry 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 Crux Ave Youth Ministry and/or youth programs at St. James Parish.

□Yes □ No

Indemnity Waiver for Parent/Guardian

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. James 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's Signature Date