

PLEASE COMPLETE ALL SIDES OF THIS FORM



REGISTRATION FORM 2023-2024 // ST. MARK'S CHURCH

Youth's Last Name _____ First Name _____

Grade _____ School _____

M ___ F ___ (check one) Age _____ Birthday (MM/DD/YYYY) _____

Is this your child's first year attending EDGE at St. Mark's? (yes) ___ (no) ___

Does this child have any siblings in EDGE? Who?

Please separate the child's information if there are any siblings. For instance: Have two registration forms filled out for siblings if there are two in the family.

How did you hear about EDGE at St. Mark's?

Mother's First Name _____ Last Name _____

Father's First Name _____ Last Name _____

(if applicable) Guardian's First Name _____ Last Name _____

Address _____ City _____ Province _____

Postal Code _____

Home Phone Number _____ (if applicable)

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

Mother's Work # _____ Father's Work # _____

Guardian's Cell # _____

Guardian's Work # _____

Please provide us with a secondary emergency contact. Parents/guardians are always the primary emergency contact. In the case that parents/guardians cannot be reached, this emergency contact will be contact.

Emergency Contact Name _____

Emergency Contact's Relationship to Student _____

Emergency Contact # _____

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 require a parent/guardian email address only.

PARENT/GUARDIAN Email Address(es): _____

MEDICAL INFORMATION

Information received is confidential and is being gathered for the purposes of serving your child while in the care of St. Mark's Church. Any medical information collected here serves to authorize St. Mark's Church, and its staff and volunteers, to obtain medical assistance in emergencies.

Family Doctor _____ Number _____

Please list and describe any known food allergies or dietary restrictions?

Please list any known drug allergies

Does your son/daughter have any physical, emotional, mental, behavioural concerns or limitations that staff should be aware of? (Please explain below)

All medications except inhalers must be turned in to the EDGE Youth Ministers to be kept in a secure location. Please notify us about any serious conditions that require close supervision. Please note that permission is required for an adult to administer an EpiPen.

Please list any medications your child may be bringing to the program and why.

MEDIA CONSENSUS

Throughout the year, volunteers and core team leaders will be taking the opportunity to take pictures/videos involving EDGE events at the parish and events. This is for the purpose of promoting and showing the activities of St. Mark's Youth Ministry for the parish community. You will be receiving a waiver form attached to the registration form that explains more details.

EDGE Registration Fee for 2023/2024 will be \$10/participant.

Please attach the registration fee along with the registration forms. Cash or cheque only. If there are any concerns, feel free to talk to the Youth Minister to discuss solutions to help ease when paying the fee.

Additional costs will occur throughout the year for special EDGE events, trips, etc.

Any donations to support the EDGE ministry can be dropped off at the Parish Office or in the Office Mail slot labeled "EDGE Ministry Donation". Thank you for your generosity!

By signing this form, I confirm that I have completed and filled in accurate information.

Name of Parent

Parent's Signature

Date

MEDIA, COMMUNICATION, MEDICAL AND AUTHORIZATION CONSENT FORM (2023-2024)



Participant's Name (PLEASE PRINT): _____

Parent/Guardian's Full name (PLEASE PRINT): _____

PURPOSES AND EXTENT

The St. Mark's Youth Ministry is collecting and retaining the personal information here and on the registration form for the purpose of enrolling your child in our programs, to assign the students to the appropriate groups, to develop and nurture ongoing relationships with you and your child, and to inform you of program updates and upcoming opportunities at our church. This information will be maintained indefinitely as it is a requirement of our insurance company and legal counsel. If you wish St. Mark's Church to limit the information collected, or to view your child's information, please contact us.

MEDIA RELEASE STATEMENT

The St. Mark's Youth Ministry captures all of its ministry activities through photography and video. The photographs and video taken is for the purposes of promoting and displaying the activities of the youth ministry to the parish community.

I, the undersigned, do **HEREBY** consent I, the undersigned, **DECLINE** consent

to have photographs/video taken of my child for use in any promotional material produced for St. Mark's Church and the St. Mark's Church Youth Ministry.

These photographs/videos may be used in any of the following: brochures/promotional material, parish/youth ministry website, social media content, video content, newsletters (print/electronic), and database management tools (for staff and volunteers).

PARENT/GUARDIAN'S NAME (PLEASE PRINT) _____

PARENT/GUARDIAN'S SIGNATURE _____

COMMUNICATION

The St. Mark's Youth Ministry uses several communication outlets for the purposes of providing information, check on attendance or discuss items related to the ministry and it's events for participants and their families. Information is communicated through the following outlets: telephone (home/work/cell), social media outlets, email.

I, the undersigned, do **HEREBY** consent I, the undersigned, **DECLINE** consent

to have the St. Mark's Youth Ministry staff and volunteers communicate with my child and our family regarding youth ministry related matters and information throughout the year.

PARENT/GUARDIAN'S NAME (PLEASE PRINT) _____

PARENT/GUARDIAN'S SIGNATURE _____

MEDICAL CONSENT

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.

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. I/we, named below, undertake and agree to indemnify and hold harmless the St. Mark's Youth Ministry staff and volunteers, St. Mark's Church and it's leaders and the Archdiocese of Toronto from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of the St. Mark's Youth Ministry, as well as of any medical treatment authorized by the supervising individuals representing St. Mark's Church.

PARENT/GUARDIAN'S NAME (PLEASE PRINT) _____

PARENT/GUARDIAN'S SIGNATURE _____

PROGRAM PERMISSION

I/We have read, understand and agree with above and sign it to cover all St. Mark's Youth Ministry program activities for the program year effective as stated below. I/we acknowledge that the information provided on the registration form is accurate and that I am granting my son/daughter permission to participate in St. Mark's Church *EDGE* nights at 345 Glad Park Ave, Stouffville, Ontario L4A 1E4, on select Friday nights during the 2023-2024 ministry year. A separate Informed Letter of Consent will be sent home for off-site activities and activities of elevated risk.

PARENT/GUARDIAN'S NAME (PLEASE PRINT) _____

PARENT/GUARDIAN'S SIGNATURE _____

This consent form is effective September 2023 to August 2024.