

Annual Registration Youth Ministry Programs



ROMAN CATHOLIC
DIOCESE
of Calgary

Parish Name: _____

Name of Program: _____

Day and time of the Program: _____

Name of Program Supervisor: _____

Please note that one form must be completed for each applicant

PARTICIPANTS INFORMATION

Youth Name: _____

Address: _____

Date of Birth (DD/MM/YY): _____

School: _____ Grade: _____

Allergies and/or Health

Concerns: _____

Mother/Guardian: _____ Primary Phone: _____

Father/Guardian: _____ Primary Phone: _____

Preferred email for communication: _____

Alternate Emergency Contact if different from those listed above:

_____ Primary Phone: _____

PARISH RESPONSIBILITIES

The Parish Program will make every effort to ensure or ascertain that:

1. Staff, volunteers and/or service providers involved in the program are suitably screened, trained and qualified in keeping with the Diocese Safe Environment program.
2. Youth are adequately supervised over all aspects of the program and/or activity according to Diocesan Policy.
3. The location and/or activities are appropriate and safe for the group.
4. Equipment used has been inspected and deemed appropriate and safe for use.

PARENT/GUARDIAN CONSENT AND ACKNOWLEDGEMENT OF RISK

1. I acknowledge my right to obtain as much information as I require about the program and associated risks and hazards, including information beyond that provided to me by the Parish.
2. I freely and voluntarily assume the risk/hazards inherent in the program and understand and acknowledge that my child/youth may suffer personal and potential serious injury due to an unforeseeable event associated with her/his participation.
3. My child/youth has been informed that he/she is to abide by the rules and regulations, including directions and instructions from the administrators, instructors and supervisors over all phases of the program.
4. I understand that reasonable precautions will be taken to protect the health and well-being of my child/youth participating in the program. I will be notified as soon as possible in case of an emergency, but if myself or other legal guardian/s cannot be reached, I consent that Parish Program Coordinator, and/or Program Coordinator representative, to secure emergency medical care for my child/youth at any hospital or authorized health care centre as they deem necessary for my child/youth's health and safety, and that I shall be financially responsible for such services.

5. I indicate consent to my child/youth image being recorded through photo and/or videos which may be used as part of educational and/or promotional activities for the Parish or RC Diocese of Calgary. _____Yes _____No
6. I understand that this is an Annual Registration Form and that for activities, outings or events that will be taking place outside the Parish building, I will receive in advance of the same a Day Trip/ Outing/ Activity Permission Form with detailed information about that specific event.
7. I acknowledge that I have read the above and I agree for my child /youth to participate in the Parish Program.

Name of Parent or Guardian (please print): _____

Signature: _____ Date: _____

All information collected on this form is strictly confidential and is intended only for the sole use of the Parish Program Coordinator and the Parish Office.