



ST. ANDRE BESSETTE IGNITE YOUTH MINISTRY

PARTICIPANT PERMISSION FORM

KICK-OFF OCTOBER 4TH AT 7:00 P.M.

Participant Info

Name: _____

Home Address: _____

City: _____

Postal Code: _____

Mother's Name: _____

Mother's Cell Phone: _____

Father's Name: _____

Father's Cell Phone: _____

Parent E-mail: _____

We will be communicating by e-mail wherever possible

Name: _____

Youth's E-mail: _____

Home Phone: _____

Birthday: _____

Gender: _____

Grade: _____

Medical Info/ Allergies: _____

Health Card Number: _____

Event(s): St. Andre Bessette Parish IGNITE 2019-2020

Date/ Time: Friday 7:00- 9:00 pm

Where St. Raphael School Gym

Supervision: Fr. Peter, Youth Ministers and IGNITE Core team

Emergency Contact (other than parents) _____

Emergency Phone: _____ Relationship: _____

If you have any questions, please contact Stefania Raso, Youth Minister : sd.lista@gmail.com

WAIVER OF LIABILITY

I/we understand that reasonable precaution will be taken to safeguard the health and safety of the participant(s) 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. Andre Bessette Parish, the Archdiocese of Toronto**, any youth minister, 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. The undersigned understand(s) and agree(s) that any medical, dental, or hospital expense incurred shall be at their own expense. The undersigned understand(s) every effort will be made to notify the emergency contact in the event that treatment is necessary.

In signing this I am granting my youth permission to participate in St. Andre Bessette IGNITE Nights at the above location.

I understand my son/daughter's photograph and/or likeness and name may be used in a future promotion whether that be a parish publication, website, or video publication. I give permission for photographs and/or videos of my son/daughter to be uploaded to Instagram.

Please ensure that you come inside to pick up your son/daughter at the end of the IGNITE night.

Registration Fee for the year is \$25

Amount Paid \$_____ Cheque #_____

NO STUDENT IS EVER TURNED AWAY FOR LACK OF FUNDS

Check the appropriate box **ONLY IF** the statement applies:

- He/She has **NOT** been baptized in the Catholic Church
- I/We would like to discuss baptism and/or sacrament preparation for our son/daughter

Youth Signature: _____

Date: _____

Parent Signature: _____

Date: _____