



“LIGHT OF THE WORLD” SUMMER CAMP REGISTRATION FORM

Summer Evening Program for Youth Gr. 6-12

Sunday, July 21st to Thursday, July 25th

1. PARTICIPANT INFORMATION

<input type="text"/>		<input type="text"/>	
FIRST NAME		LAST NAME	
<input type="text"/>		<input type="text"/>	
SCHOOL NAME		SCHOOL GRADE (IN FALL 2019)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
ADDRESS	CITY	POSTAL CODE	

2. PARENT/GUARDIAN CONTACT INFORMATION

<input type="text"/>		<input type="text"/>	
FULL NAME		RELATIONSHIP TO PARTICIPANT	
<input type="text"/>		<input type="text"/>	
PRIMARY PHONE NUMBER		SECONDARY PHONE NUMBER	

3. EMERGENCY CONTACT INFORMATION

<input type="text"/>		<input type="text"/>	
FULL NAME		RELATIONSHIP TO PARTICIPANT	
<input type="text"/>		<input type="text"/>	
PRIMARY PHONE NUMBER		SECONDARY PHONE NUMBER	

4. ADDITIONAL PARTICIPANT INFORMATION

PLEASE LIST ANY MEDICAL/OTHER PERTINENT INFORMATION THAT WE SHOULD BE AWARE OF (FOR EXAMPLE: ALLERGIES, ASTHMAS, MEDICATIONS, ANXIETY, ...)

5. T-SHIRT SIZE

PLEASE SELECT A SIZE FOR YOUR CHILD'S SUMMER CAMP T-SHIRT:

YOUTH SIZE: S M L XL

ADULT SIZE: S M L XL

6. PARENT/GUARDIAN PERMISSION

I GIVE CONSENT FOR MY CHILD TO PARTICIPATE IN THE 2019 ST. CLARE OF ASSISI SUMMER CAMP PROGRAM.

<input type="text"/>	<input type="text"/>
PARENT/GUARDIAN SIGNATURE	TODAY'S DATE



INDEMNITY WAIVER & MEDIA RELEASE FOR PARENT/GUARDIAN

INDEMNITY WAIVER: In consideration of the acceptance of my child’s registration for the Summer Camp at St. Clare of Assisi Parish, I release, hold harmless and forever discharge the Archdiocese of Toronto and St. Clare of Assisi Parish, Leaders, Staff and Volunteers from all liability, claims, losses, damages, costs and expenses, and waiver any such claims against any persons attributable with St. Clare of Assisi Parish and/or its activities.

MEDIA RELEASE: I, the undersigned, do hereby consent to have photographs and videos taken of my child(ren) participating in the St. Clare of Assisi Parish Summer Camp for the use in any form of media and/or any publicity material produced or printed by St. Clare of Assisi Parish. The undersigned authorizes the photographer to use pictures/videos for St. Clare of Assisi Parish media outlets only. The undersigned releases and forever discharges the aforementioned party and the photographer/videographer.

NAME(S) OF CHILD(REN):

NAME OF PARENT/GUARDIAN:

PARENT/GUARDIAN SIGNATURE:

TODAY’S DATE:
