Don't Delay! Bring your forms today:

- 1. To the OLP Office (open Mon-Fri, 9:30-4:30)
- 2. To Arnold Samson (the Youth Minister)

3. To our Youth Nights; see parish website & info poster for details, from 6:30-9:00 PM on select Friday evenings



Child: LAST NAME		FI	RST NAME		
Parent: LAST NAME		FI	RST NAME _		
ADDRESS					
		POSTAL CODE			
PHONE (home/work & ext)		(cell)			
EMAIL ADDRESS					
HEALTH CARD NUMBER FOR C					
CHILD DATE OF BIRTH: dd	mm	уууу	AGE	GRADE	
EMERGENCY CONTACT NAME _					
PHONE	ONE EMAIL				
ADDRESS					
In the event that the parent/gua	ardian responsi	ble cannot	be reached,	the emergency contact i	<u>must be</u>

available during Youth Night time (6:30 - 9:00 PM) by phone, and able to pick up your child.

HEALTH CONCERNS

If your child has any physical or mental health concerns, learning difficulties or disabilities, **including medications**, **allergies & dietary restrictions**, please indicate below:

I/We, ________ (Parent/Guardian) consent to give _______ (child's name) permission to attend and participate in the OLP Youth Ministry: Youth Nights. I fully understand that my child will be under approved care and supervision, but if an accident should occur that may bring injury to my child in any way, I/we will not hold Our Lady of Peace Parish, staff or volunteers responsible. I am aware of my responsibilities to; adhere to drop off & pickup times, avoiding bringing/donating nut products at Youth Nights, I have disclosed any important health or behavioural concerns to the Youth Minister and/or ministry team, and have provided a responsible emergency contact that is available during Youth Nights by phone, or to pick up my child if I am not available.

Parent signature: _____

Parent Name: ____

Date: _____

Photo Release:

I understand the Our Lady of Peace Youth Ministry may take photos and/or videos of youth night participants during program activities and events, for use in educational or promotional materials in print, multimedia or web form. Photos/videos will only be used for purposes related to Our Lady of Peace and will appropriately represent Catholic values. Please check The correct box below as to whether you wish or do not wish to grant Our Lady of Peace permission to use your or your child's photos/videos taken during a program:



 $\hfill\square$ I DO grant permission for the use of my or my child's photos/videos

I DO NOT grant permission for the use of my or my child's photos/videos (children will be removed or blurred from group photos.)



Are you able to volunteer with us during Youth Nights? We can always use an extra set of hands to help out with things like snacks, distributing crafts and more.

Even if you've never participated in youth ministry before, would you want to give it a try? We would love to have your help!

Please put down your name, phone number and email address so we can have you contacted by our youth ministry to figure out where you'd like to help, and when you can be available.

Name:	 Ph
Email:	

Phone: _____