

## SAINT PATRICK'S CATHOLIC CHURCH, WILDFIELD (BRAMPTON) Registration Form SUMMER DAY CAMPS 2024

## **INFORMATION OF THE CHILD**

□GIRL □BOY		
LAST NAME (	GIVEN NAME(S)	
DATE OF BIRTH  Day Month Year  SPECIAL INFORMATION Please use this space to indice	AGE  Please indicate the child's age as of 10 July 2024 $6$ $8$ $9$ $10$ rate any special needs, medication, or allergies of the child.	
INFORMATION OF THE PARENTS  NAME OF THE FATHER (FIRST AND LAST)		
FATHER'S CONTACT PHONE NUMBER	FATHER'S E-MAIL ADDRESS	
MAIDEN NAME OF THE MOTHER (FIRST AND MAIDEN LAST)		
MOTHER'S CONTACT PHONE NUMBER	MOTHER'S E-MAIL ADDRESS	
FAMILY'S HOME ADDRESS Apt / Unit Number Street	City/Town Postal Code	
ARE YOU CURRENTLY REGISTERED PARISHIONERS  YES, we are using envelope #  YES, but we do not have an envelope box.  We would like to register for envelopes.	HERE AT SAINT PATRICK'S?  □NO, and we would like to be registered.	

## **DROP-OFF AND PICK-UP**

WHO IS AUTHORIZED TO DROP OFF AND PICK UP THE CH	ILD? Select all that apply.
□Father □Mother □Other:	
EMERGENCY CONTACT INFORMATION	
NAME OF EMERGENCY CONTACT (FIRST AND LAST)	RELATIONSHIP TO THE CHILD
EMERGENCY CONTACT PHONE NUMBER EMI	ERGENCY CONTACT E-MAIL ADDRESS
PARTICIPATION AGREEMEN	
Please carefully read each portion of the Agreement and Release. Check e and Release.	each box to indicate that you agree to that section of the Agreemen.
	* *
☐ We understand that snacks will be provided during the State a lunch for our child.	
☐ As parents and/or legal guardians, we remain legally renamed minor ("participant").	sponsible for any personal actions taken by the above
☐ <b>Photograph Consent:</b> We agree that the Saint Patrick's such photographs of me/participant with or without my nature such purposes as publicity, illustration, advertising, and V	ame and for any lawful purpose, including for example
Release: We understand that participation in the Summe involves a certain degree of risks that could result in injury carefully considering the risks involved, we agree on behavior and our heirs and our legal representatives to release, in Patrick's, Wildfield (Brampton) and the Archdiocese of Tagents, chaperones, volunteers and representatives from an or costs (including attorney fees) of any kind for injuries (injury, disability and death) arising out or relating to the	y, death or loss or damage to person and property. After alf of ourselves, our child the participant named herein, demnify, defend and hold harmless the parish of Saint Foronto and their directors, officers, priests, employees, and against any and all claims, losses, damages, expenses including, without limitation, property damage, personal
☐ We authorize a qualified physician to attend to our child Camps.	d should it become necessary during the Summer Day
SIGNATURE	DATE
NAME	RELATIONSHIP TO THE CHILD