

Annunciation of Our Lord Parish

280 Limeridge Rd. West
Hamilton, Ontario L9C 2V2



CONQUEST
FORGED IN VIRTUE. CALLED TO SERVE.
CATHOLIC YOUTH MINISTRY

Registration Form

Name of Participant: _____ Grade: _ Gender: _____

Home Address: _____

School Currently attending: _____

T-Shirt Size: ☐ S ☐ M ☐ L ☐ XL

Name of Parent(s) or Guardian(s): _____

Phone Number (Home): _____ Email: _____

Emergency Contact's Name: _____ Number: _____

Relation to participant (i.e. Mom or Dad) : _____

Allergies or Medical Information that we should be aware of: _____

Please return this form along with your payment to Annunciation Parish or see Mrs. Tess Perez at the Parish office or call (905) 388-2078 ext. 201.
Thank you for joining Annunciation of Our Lord Parish Conquest and Challenge Club.

Completed by Church:

Payment Received on (Date): _____

Payment Amount: _____ ☐ Cash ☐ Cheque # _____
(if paying by cheque, please make it payable to: Annunciation of Our Lord Parish)

Received by: _____ Remarks: _____

PERMISSION TO PARTICIPATE IN CLUB ACTIVITIES

Challenge & Conquest Club, Annunciation of Our Lord Parish, Hamilton, ON, Canada

1. **CHILD'S NAME:** _____ **DATE OF BIRTH:** _____ **HEALTH CARD#:** _____
2. **NATURE AND DURATION OF ACTIVITIES:** Primarily club meetings as well as formative recreational and sporting activities. Challenge and Conquest Club Annunciation Parish will inform parents/guardians of any other activities that may occur during the club year that fall outside this scope.
3. **ACTIVITY SUPERVISOR(S):** Adult volunteer staff of Club/Program.
4. **TRANSPORTATION:** Not Applicable. Participants are responsible for securing their own transportation to and from club/program activities, as Challenge and Conquest Club Annunciation Parish does not provide transportation.
5. **REQUIREMENTS:** The child named above is in good health and has no physical or medical limitations that would cause the activities as described above to be detrimental or dangerous to the child. Parents/guardians should specify allergies and medical problems in section 9 below.
6. **MENTORING:** Participants may be offered mentoring, which is intended to help young people personalize the principles of Christian living that they receive at home and in club activities. Mentoring involves a private conversation with an adult conducted in plain view of others. When dealing with adolescents, confidentiality will be maintained to foster openness of dialogue, but situations involving sexual abuse of a minor or threats to life or physical health will be reported to the appropriate authority and to the parents (except in those cases where the parent may be the alleged abuser).
7. **CONSENT:** I/We hereby consent to the above-named child's participation in the activities described above, and specifically request that he be allowed to participate in those activities. I/We warrant that I/We have full authority to legally consent to him participation in the activities described on this form, and all provisions contained herein.
8. **AUTHORIZATION. I/We hereby authorize Annunciation of Our Lord Parish Challenge and Conquest Club to use the image and likeness of my/our child in photograph or video form whether taken by or commissioned by Annunciation of Our Lord Parish Challenge and Conquest Club in its promotional materials and for its promotional purposes associated with its non-profit activities.** This authorization shall extend to use of my/our child's image and likeness on the website of Challenge and Conquest Club Annunciation Parish or its successor in operation or affiliated organization(s) upon written consent of Annunciation of Our Lord Parish Challenge and Conquest Club. I/We understand that this authorization shall survive at the end of my/our child's participation in the activities referenced on this form.
9. **INSURANCE:** I/We understand that Annunciation of Our Lord Parish Challenge and Conquest Club does not carry any health insurance relative to the activities or for any injury that may occur to the above named child. I/We represent that the child is (a) covered by insurance through my/our own insurance carrier; or (b) that I/We am/are personally financially responsible for any and all medical costs incurred as a result of the child's injury.
10. **EMERGENCIES:** If the above-named child requires any emergency medical procedures or treatments during the activities, I/We consent to the activity supervisor(s) taking, arranging for or consenting to such procedures or treatments in the discretion of the activity supervisor(s). For purposes of such procedures and treatments, my/our child's blood type allergies or other medical problems (if any) are listed below:
11. Blood Type: _____ Allergies / Medical Problems: _____
12. **EMERGENCY CONTACTS:** If, in the event of a medical or other emergency, I/We am/are unable to be reached by telephone at the numbers listed below, I/We authorize the activity supervisor(s) to attempt to contact me/us through the alternative emergency contacts listed below.
13. **Alternative Emergency Contact Information**
 - (1) Name: _____ Relation: _____
Home Phone: _____ Alternate Phone: _____
 - (2) Name: _____ Relation: _____
Home Phone: _____ Alternate Phone: _____
14. **RELEASE AND INDEMNIFICATION:** I/We release and waive, and further agree to indemnify, hold harmless or reimburse Annunciation of Our Lord Parish Challenge and Conquest Club the individual members, agents, directors, officers, employees, volunteers and representatives thereof, as well as activity supervisors, from and against, any claim which I, any other parent or guardian, any sibling, the above-named child, or any other person, firm or corporation may have or claim to have, known or unknown, directly or indirectly, for any losses (including attorneys' fees incurred by Annunciation of Our Lord Parish Challenge and Conquest Club or any of its individual employees, agents, volunteers, etc. in enforcing this indemnity provision) without limitation in time or amount, damages or injuries arising out of, during, or in connection with my/our child's participation in the activities, the travel to and there from, and the rendering of emergency medical procedures or treatment, if any. I/We understand that this release and indemnification shall survive at the end of my/our child's participation in the activities referenced on this form.

I/We have read and understand the above and agree to all terms and conditions contained therein. DATE: _____

Parents/ Guardians Contact Information

Name: _____ Home Phone: _____ Alternate Phone: _____
Address: _____ E-mail: _____
Name: _____ Home Phone: _____ Alternate Phone: _____
Address: _____ E-mail: _____

Parent / Guardian Signature

Parent / Guardian Signature