

HS FOUNDATIONS

Youth Ministry for High School Students and EDGE Leaders

Where we focus on the Catholic Christian Life

FREE to register. Supper is included. 4 PM - 6:30 PM* in St Joseph's Hall, 200 Morrish Road, Toronto, ON, M1C1E8

PARTICIPANT INFO

Name: _____ School: _____

Grade: _____ Date of Birth: _____ Date of Baptism: _____

Cell #: _____ Circle T-shirt size: YXL S M L XL * not available after Oct

Email: _____

** An email address is required as we will communicate by e-mail. All emails sent will be related to Youth Ministry activities and opportunities.*

Food allergies/Restrictions: _____

Medical info/Needs: _____

Participants Guidelines: To the best of my ability, I will: respect all people present

be open to the Catholic Christian teachings

help create a safe place to ask difficult questions

not use electronic devices during HS Foundations

Participant Signature: _____ Date: _____

We meet in 2019:

Sunday, October 6

Sunday, Nov 3rd

Sunday, Dec 1st

Tuesday, Dec 31st

Sunday, Jan 5th, 2020

Saturday, Feb 1st Retreat 8:30 - 3 PM*

Saturday, Mar 7th Lift Jesus Higher Rally 8 AM-6 PM*

Sunday, Apr 5th Movie The Passion by Radix

Sunday, May 3rd Finale

RELEASE and EMERGENCY CONTACT INFORMATION

** If under 18 years old, parent initials and signature are required.*

1) I/We understand that reasonable precaution will be taken to safeguard the health and safety of the participant 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, I/we will not hold St Joseph, the Archdiocese of Toronto, any volunteer, chaperone, or driver responsible. Initials: _____

2) 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 or any Province. The undersigned understands and agrees that any medical, dental, or hospital expense incurred shall be at their own risk, and that every effort will be made to notify the emergency contact in the event that treatment is necessary. Initials: _____

3) I/we grant permission for the participant to be photographed, filmed, posted on the parish website, literature and Youth Ministry social media. Initials: _____

Signature: _____ Date: _____

Emergency Contact: _____ Cell: _____ Relationship: _____

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Email: _____

** Any email sent will be related to Youth Ministry involvement.*

Return completed form to the office, the basket in the Narthex, the Youth Minister, or upload it to the website before the first meeting.

Contact: Angie Bernard

youth.ministry@stjosephstoronto.org

647-242-8429 text or call

<http://www.stjosephstoronto.org/>

 <https://www.facebook.com/stjoseph.ym.52>