



# HOLY TRINITY PARISH YOUTH MINISTRY

## Blue Knights Club/Little Flowers Club Registration Form

Blue Knights and Little Flowers are clubs for children in kindergarten to grade 4. These clubs for girls and boys focus on growing in virtue through the example of St Therese of Lisieux and The Virgin Mary.

Participants Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Gender: M / F

Address: \_\_\_\_\_ City: \_\_\_\_\_ PC: \_\_\_\_\_

Parent Email: \_\_\_\_\_ Parent Phone: \_\_\_\_\_

Little Flowers fee: \$30. Optional fees [please check]:  Sash \$15  Member Guide \$8  Patch Set \$17.

Blue Knights fee: \$30. Optional fees [please check]:  Armor \$25  Member Guide \$8  Patch Set \$17.

*I request that my son/daughter, \_\_\_\_\_, be permitted to participate in the Holy Trinity Parish Little Flowers Club and Blue Knights Club from September 2018 to June 2019. I understand that this program is co-ed, and includes indoor and outdoor activities, physical games, and youth led discussions.*

*If a medical emergency involving my child/youth should arise during the event, I understand that I will be contacted as soon as reasonably possible, and I authorize the parish, and its staff and volunteers to obtain medical treatment for my child.*

*I understand that if my child/youth requires medication, the prescription medication will be in original containers and securely stored with the approved group leader. The medication will be self-administered by my child or by me – staff and volunteers will not apply or dispense medication.*

*In consideration of my child/youth being permitted to attend the event, I, on behalf of myself, my child, and our respective heirs, executors, administrators, and assigns, do hereby release Holy Trinity Catholic Church, and its staff and volunteers participating at the event (collectively, the "Releasees"), from any claims, demands, or actions arising out of any loss, injury, or damage to my child's/youth's person or property at the event, notwithstanding that any such loss, injury, or damage may have arisen by reason of the negligence of the Releasees.*

*I understand that Holy Trinity Catholic Church may take photographs, video recordings, and audio recordings of the participants at the event, including my child, and I authorize the parish to do so. I further authorize the parish to use or publish any such images or recordings in its sole discretion.*

*I understand that my child shall be required to abide by all the rules of the event, which will be provided to him/her, and that my child's/youth's failure to follow these rules may result in my child's immediate dismissal from the event at my expense.*

Parent/guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Contact 1: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact 2: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Does your child have any physical, emotional, mental, behavioural concerns or limitations that our staff should be aware of? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain \_\_\_\_\_

Treatment for condition \_\_\_\_\_

Does your child have any allergies? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list them \_\_\_\_\_

Treatment for allergies \_\_\_\_\_

Please list medication your child is bringing \_\_\_\_\_

*\*Written instructions must be given to the leader by the parent/guardian for EpiPens and asthma puffers as participants may be required to carry these on their person. Participants requiring medication or EpiPens must complete subsequent forms and return them to the parish.*