

**HOLY TRINITY YOUTH MINISTRY
HOLY TRINITY PARISH
1420 Devonshire Ave.
WOODSTOCK, ON, N4S 7V9
519-539-0876**

Permission and Liability Form for Junior Youth Group 2019/2020

PLEASE PRINT:

General Contact Information:

Youth Name:			
Full Address:			
(Street)	(City)	(Prov)	(Postal)
Home Phone:		Cellphone:	
Date of Birth:	Grade:	School:	
(M/D/Y)			
Email Address (used to communicate upcoming events):			

Emergency Contact Information:

Mother's Name:	Father's Name:
Emergency Phone # (if different from above):	
Health Card Number:	
Allergies/Medical Conditions:	

I give my child _____ permission to participate in the various activities planned at and away from the church facility (i.e.: bowling, gym night at local school) during the 2019/2020 youth ministry year.

Parent/Guardian signature: _____ **Date:** _____

I release and discharge the Woodstock Catholic Youth Ministry and the leaders involved in the Various programs from any liability whatsoever for the 2019/2020 Youth Ministry year.

Parent/Guardian Signature: _____ **Date:** _____

RULES FOR YOUTH GROUP GATHERINGS

For the youth:

* I will respect all adults and peers. I will be considerate of others' feelings and treat them as I would like to be treated. I will respect the property both inside and outside the building and the tools used to run the programs that I am attending.

* I will participate in group discussion and /or activities. I will arrive on time for the meetings. I will not be permitted to leave the facility unless a parent picks me up.

*I will use positive words and a positive tone. NO foul language will be accepted.

NO Electronic Devices ie; cell phones, Ipods etc.... If we see you with these items we will take them from you and return them back at the end of the meeting.

Failure to adhere to these rules will result in appropriate action; either a call to your parents or possible removal from youth ministry.

I have read and understand the above rules.

Signature of Youth: _____

For the Parents:

Please have your child/children here on time and picked up on time.

Parents must come inside the facility to pick up his/her child. We will not allow children to leave on their own. If you cannot be here to pick up your child then please try to make other arrangements for them and let us know of those arrangements prior to the meeting.

Thank you for your co-operation in this matter.

Signature of Parent/Guardian: _____

Snacks are a large part of our gatherings! Would you be willing to donate snack for one of our Meetings? Please circle YES if you are interested. (This might include a case of water, some Granola bars, crackers, cheese, etc).

OR

Would you be willing to support our snack fund with a monetary donation. If YES, please see an Adult leader.

THANK YOU FOR YOUR CONTINUED SUPPORT!

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