

LIFETEEN Registration 2024/2025

Teens Grades 9 - 12

What: This year's LIFETEEN program will focus on two key topics: 1. How to discern the Will of God for our own lives and 2. How to allow Christ to bring healing into the broken areas of our lives. Our goal is to walk alongside each teen on their journey of faith by providing a community founded upon faith and love.

When: Every 1st and 3rd Thursday of the month from 6:45 - 9:00 pm
Note: Programming will begin October 3rd and will continue until the end of June!

To support LIFETEEN activities this year, we ask for a contribution of \$75/teen.
Payable only by cash or cheque (addressed to Holy Family Parish)
The payments will cover food, activity materials, guest speakers, lessons, and a field trip to SkyZone.

PARTICIPANT INFORMATION

Name: _____ School Attending: _____

Home Phone: _____ Male/Female: _____

Birth Date: _____ Grade: _____
(MM/DD/YYYY)

Health Card Number: _____

Allergies / Medical Information: _____

FAMILY INFORMATION

Mothers Name: _____ Mother's Cell: _____

Mother's Address: _____

Fathers Name: _____ Father's Cell: _____

Father's Address (If different than Mother's): _____

EMAIL ADDRESS(S): _____

Please print your email clearly as this will be the primary point of communication.

EMERGENCY CONTACT

Name: _____ Telephone: _____ Relationship: _____

T-Shirt Size please circle one ADULT S M L XL

RELEASE

I/we understand that reasonable precaution will be taken to safeguard the health and safety of the participant(s) 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 person(s) will not hold Holy Family, the Diocese of Toronto, any volunteer, chaperone, or driver responsible.

MEDICAL CARE

I/we authorise 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. The undersigned understand(s) and agree that any medical, dental, or hospital expense incurred shall be at their own expense. The undersigned understand(s) every effort will be made to notify the emergency contact in the event that treatment is necessary.

PERMISSION

In signing this, I am granting my youth permission to participate in this program at Holy Family.

PHOTOGRAPHY

I/we understand my son/daughter's photograph and/or likeness and name may be used in a future promotion whether that be a parish publication, website, or video publication.

PICK-UP

I/we understand that I/whomever is responsible will be expected to sign my son/daughter in and out each youth evening.

BEHAVIOUR

I/we acknowledge that my son/daughter will be respectful and participate in all activities to uphold good Christian morals and be a role model to their peers. Should behaviour become an issue, appropriate actions will be taken with consultation with the Parish priest and parents/guardians to ensure that the child and peers are both safe and enjoying their time in youth ministry.

Questions? Please email Samantha at hfw.youth@gmail.com

Check the appropriate box ONLY IF the statement applies for the participant:

- He/She has not been baptised in the Catholic Church
- I/We would like to discuss baptism and/or sacrament prep for our son/daughter

Youth Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____