

# LIFETEEN Registration 2025/2026

## Teens Grades 9 - 12

**What:** This year's **LIFETEEN** program will focus on uncovering and understanding the treasures of our Catholic faith, equipping teens with the tools needed to both live out and share our faith.

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 2nd and will continue until June!

To support our program, we ask for a contribution of \$100/teen (\$75 for additional siblings).

- Payable only by cash or cheque (addressed to Holy Family Parish)
- Contributions will cover t-shirt, food, material and speaker expenses and a field trip to **LaserMaxx**
- Please do not let financial concerns stop you from registering - simply come speak to us and we will be happy to help wherever necessary.

### PARTICIPANT INFORMATION

Name: \_\_\_\_\_ School Attending: \_\_\_\_\_

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(ES):** \_\_\_\_\_

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

**EMERGENCY CONTACT** (will be contacted in an emergency if parents are unreachable)

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**T-Shirt Size** (please circle one)    ADULT    XS    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

**I/we** grant 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 by Holy Family Parish whether that be a parish publication, website, or social media post.

## PICK-UP

**I/we** understand that I/whomever is responsible will be expected to ensure safe pick up for your LIFETEEN participant after each Lifeteen 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](mailto: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

**Parent/Guardian Name (please print):** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_