

# Holy Family Summer Teen Program

## Registration and Permission Form

**Who: Students in Grades 7 to 12** (Fall 2026)

**Date: Monday, July 20 - Friday, July 24, 2026**

**Time: 7:00pm to 9:00pm**

**Price: \$100 per Teen**

Name of Student: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

School Attending: \_\_\_\_\_ Grade (next Fall): \_\_\_\_\_

### PARENT INFORMATION

Mother's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Mother's Telephone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Father's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Father's Telephone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

### EMERGENCY CONTACT & MEDICAL INFORMATION

*Person who can be contacted to pick up your teen in an emergency if parents are unreachable.*

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

Please list any medical information which may be helpful (allergies, diabetes, asthma, etc.)

\_\_\_\_\_  
All medications except inhalers must be turned into volunteers to be kept in a secure location. Please notify the Parish Coordinator about any serious conditions that require close supervision. *Permission is required for an adult to administer an EpiPen.*

Does your teen have a serious learning disability? (e.g. Autism, ADHD)? [ ] Yes [ ] No

Is your teen able to participate in strenuous activity (ie. running) [ ] Yes [ ] No

I give consent for my teen to participate in the Holy Family Summer Teen Program this summer:

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

**T-SHIRT SIZE (Included in Fee) Please circle one:** Adult: XS S M L XL

**Indemnity Waiver & Media Release for Parent/Guardian**

**INDEMNITY WAIVER:** In consideration of the acceptance of my children's registration for the Holy Family Summer Teen Program, on behalf of myself, my heirs, assigns, executors and personal representatives, I release, hold harmless and forever discharge the Holy Family Summer Teen Program leaders, Holy Family Parish Staff, Caregivers and Volunteers from any and all liability, claims, losses, damages, costs or expenses, and waive any such claims against and such persons or organizations, arising directly or indirectly from, or attributable in connection with all Holy Family Summer Teen Program activities on site at Holy Family Parish.

**MEDIA RELEASE:** I, the undersigned, do hereby consent to have photographs and video taken of my children (participating in the Holy Family Summer Teen Program) for the use in any form of media and/or any publicity material produced or printed by Holy Family Parish and the Roman Catholic Episcopal Corporation for the Diocese of Toronto, in Canada (Archdiocese of Toronto). The undersigned authorizes the photographer/production company to make reproductions of the photograph(s) and video(s) to be used at the full discretion of the Archdiocese of Toronto. The undersigned releases and forever discharges the aforementioned party and the photographer/videographer.

Name(s) of Teen(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Parent/Guardian (Print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **TEEN PICKUP AUTHORIZATION**

Please fill in the form below to authorize pickup of your teen(s). The first name should be the name of the person who will REGULARLY pick up the teen(s) from the Holy Family Summer Teen Program. The second and third names are people who MAY pick up the Teen(s) in an unusual or emergency situation. They will be required to show a driver's licence at the time.

Name of Teen(s): \_\_\_\_\_

1. Name of pick up person: \_\_\_\_\_

Relationship: \_\_\_\_\_

2. Name of pick up person: \_\_\_\_\_

Relationship \_\_\_\_\_

3. Name of pick up person: \_\_\_\_\_

Relationship: \_\_\_\_\_