



*St Mary of the Visitation Parish*  
*Cambridge, Ontario*

## Da Crew Registration

Name \_\_\_\_\_  Male  Female

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_\_

Student's E-mail \_\_\_\_\_ Student's Phone (\_\_\_\_) \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Daytime Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Health Card Number \_\_\_\_\_

### **CONDITIONS OF ENROLMENT:**

1. The Parish reserves the right to dismiss a child whose conduct becomes a hazard to the safety & rights of others.
2. The parent or guardian submitting this applications, are those who have legal custody over the child. Conditions of custody, if applicable, will be fully communicated in writing to the Youth Director including a photocopy of the section of any court order referring to visitation rights.
3. While every precaution will be taken to ensure the good welfare and protection of the child, The Episcopal Corporation of the Diocese of Hamilton, St Mary of the Visitation Parish, its staff members, employees, volunteers or facilities in and outside the designated parish and school area are hereby released from any and all liability in the event of any accident or misfortune that may occur to the applicant child. Further, the same named bodies and individuals are not responsible for lost or stolen items brought by the child and further encourage children not to bring valuable possessions to gatherings.
4. In the event that a child requires special medication or treatment, every reasonable attempt will be made as soon as possible to notify the parents(s) and the parent will be responsible for any expense for additional care or transportation. In case of surgical emergency, I hereby give my permission for, and order injection, anesthesia or surgery for my child named in this application.
5. I give permission for St Mary of the Visitation Parish to use any photography my child for promotional materials, and for them to receive email and text messages from St Mary of the Visitation Parish concerning events at the address above. I have read this application form, am the parent or guardian of this child, and accept the conditions of enrollment.

Student Signature \_\_\_\_\_

(if student is under 18) Parent Signature \_\_\_\_\_