



Ss. Peter and Paul Ukrainian Catholic Church
 10th Street East and Munroe Avenue
 12012 – 11th Street East, Saskatoon, SK S7H 0G3
 Office: 306-343-6516 Email: sspp@sasktel.net

Children and Youth Program Registration Form

A-General Information

Name of Parents/Guardians: _____

Are you members of Ss. Peter and Paul Parish? Yes No

Address: _____ Postal Code: _____

Phone: _____

Cell: _____ Cell: _____

E-mail: _____

E-mail: _____

B – Children involved in Program

CHILD #1: Name: _____ Middle Name(s): _____

Birthdate: Month: _____ Date: _____ Year: _____

Allergies: No YES _____ (space provided on last page for details)

Saskatchewan Health Card Number: _____

Program Involvement (check all that applies) All Program Location at Ss. Peter and Paul Church and/or Rectory unless otherwise stated:

- Solemn Communion & First Reconciliation – Monday evening: 7-8 p.m.
- Altar Servers - Monday evening: 7-8 p.m.
- Children of Mary – Monday evening: 7-8 p.m.
- Junior Ukrainian Catholic Youth (Grades 6-9) – scheduled Saturday evenings: 8-10 p.m.

CHILD #2: Name: _____ Middle Name(s): _____

Birthdate: Month: _____ Date: _____ Year: _____

Allergies: No YES _____ (space provided on last page for details)

Saskatchewan Health Card Number: _____

Program Involvement (check all that applies) All Program Location at Ss. Peter and Paul Church and/or Rectory unless otherwise stated:

- Solemn Communion & First Reconciliation – Monday evening: 7-8 p.m.
- Altar Servers - Monday evening: 7-8 p.m.
- Children of Mary – Monday evening: 7-8 p.m.
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(PLEASE PROCEED TO PAGE 3 IF NO ADDITIONAL CHILDREN TO REGISTER)



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CHILD #3: Name: _____ Middle Name(s): _____

Birthdate: Month: _____ Date: _____ Year: _____

Allergies: No YES _____ (space provided on last page for details)

Saskatchewan Health Card Number: _____

Program Involvement (check all that applies) All Program Location at Ss. Peter and Paul Church and/or Rectory unless otherwise stated:

- Solemn Communion & First Reconciliation – Monday evening: 7-8 p.m.
- Altar Servers - Monday evening: 7-8 p.m.
- Children of Mary – Monday evening: 7-8 p.m.
- Junior Ukrainian Catholic Youth (Grades 6-9) – scheduled Saturday evenings: 8-10 p.m.

CHILD #4: Name: _____ Middle Name(s): _____

Birthdate: Month: _____ Date: _____ Year: _____

Allergies: No YES _____ (space provided on last page for details)

Saskatchewan Health Card Number: _____

Program Involvement (check all that applies) All Program Location at Ss. Peter and Paul Church and/or Rectory unless otherwise stated:

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- Children of Mary – Monday evening: 7-8 p.m.
- Junior Ukrainian Catholic Youth (Grades 6-9) – scheduled Saturday evenings: 8-10 p.m.

CHILD #5: Name: _____ Middle Name(s): _____

Birthdate: Month _____ Day ____ Year _____

Allergies: No YES _____ (space provided on last page for details)

Saskatchewan Health Card Number: _____

Program Involvement (check all that applies) All Program Location at Ss. Peter and Paul Church and/or Rectory unless otherwise stated:

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C – PHOTO/VIDEO Release

I/we are aware that photos and/or video will be taken during activities and events, I/we grant **Ss. Peter and Paul Ukrainian Catholic Church** and the **Ukrainian Catholic Eparchy of Saskatoon** the absolute right and permission to use:

- My/our **child(ren)'s name, photograph(s) and/or video(s)** in any format, now known or later developed in promotional materials and/or publicity efforts.
- Only my/our child(ren)'s photograph(s) and/or video(s)** in any format, now known or later developed in promotional materials and/or publicity efforts.

I understand that the photographs may be used in a publication, print ad, direct mail piece, electronic media or other form of promotion.

- Alternatively, I/we **restrict my/our consent to only on site/parish display** of said photos/videos.

I/we release **Ss. Peter and Paul Ukrainian Catholic Church and the Ukrainian Catholic Eparchy of Saskatoon**, its ministries/offices, employees/designees, organizations, and photographer(s) from liability for any violation of any personal or proprietary right I/we may have in connection with such use.

D – MEDICAL and HEALTH

I/we have provided the following medications/medical instructions and give consent for them to be dispensed at the request/need of my/our child (ren):

In the event that I/we are unavailable, I/we do hereby give consent for all emergency medical care (including surgery, if deemed necessary and recommended by at least two attending physicians) prescribed by a duly licensed physician for my/our child(ren) in the event of injury or illness during the above-named event/activity. This emergency medical care may be given under whatever conditions are deemed necessary, so as to preserve and protect life, limb, health and well-being of my/our child(ren)



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I/ we grant permission for above child(ren) to participate in the activities we have selected and take responsibility for arranging transportation to and from the activities. Youth with licenses will drive themselves/others only with my/our approval. No employee or volunteer working within or on behalf of Ss. Peter and Paul Parish will ever ask or give consent for a youth/other adult to drive another child or youth.

In signing below, I/we hereby acknowledge that sufficient information has been provided by the event coordinators with respect to the planned activities, duration, location, participants, and supervision. I/we understand that I/we are welcome to attend or drop in at any time during the program.

I/we assume all risks and hazards incidental or in any way related to my/our child(ren)'s participation in the above selected programs and in each phase of it.

I/we have read the Appendix F, Covenant of Care summary sheet.

Name of Parent/Guardian (Printed)

Signature of Parent/Guardian

Date (Date/Month/Year)

If a second signature is required by a joint-custody or other legal agreement, please fill out below:

Name of Parent/Guardian (Printed)

Signature of Parent/Guardian

Date (Date/Month/Year)