



Ss. Peter and Paul Ukrainian Catholic Church  
10th Street East and Munroe Avenue  
1202 – 11th Street East, Saskatoon, SK S7H 0G3  
Office: 306-343-6516 Email: [sspp@sasktel.net](mailto: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(s): \_\_\_\_\_; \_\_\_\_\_

E-mail: \_\_\_\_\_ ; \_\_\_\_\_

### B – Children involved in Program

**CHILD #1:** 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:

Sunday School [preferred liturgy:  9 A.M.  11 A.M.]

Junior Choir

Solemn Communion & First Reconciliation

Altar Servers [preferred liturgy(ies) for serving purposes]:  5 P.M.  9 A.M.  11 A.M.

Children of Mary [preferred liturgy (ies) for serving purposes]:  5 P.M.  9 A.M.  11 A.M.

Junior Ukrainian Catholic Youth (Grades 6-9) [Location: Bishop Pocock Elementary School]

**CHILD #2:** 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:

Sunday School [preferred liturgy:  9 A.M.  11 A.M.]

Junior Choir

Solemn Communion & First Reconciliation

Altar Servers [preferred liturgy(ies) for serving purposes]:  5 P.M.  9 A.M.  11 A.M.

Children of Mary [preferred liturgy (ies) for serving purposes]:  5 P.M.  9 A.M.  11 A.M.

Junior Ukrainian Catholic Youth (Grades 6-9) [Location: Bishop Pocock Elementary School]

**(PLEASE COMPLETE LAST PAGE AND/OR COMPLETE OTHER SIDE IF MORE CHILDREN)**



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**CHILD #3:** Name: \_\_\_\_\_ Middle Name(s): \_\_\_\_\_

Birthdate: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Allergies:  No /  YES \_\_\_\_\_ (space provided on last page for details)

Saskatchewan Health Card Number: \_\_\_\_\_

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- Children of Mary [preferred liturgy (ies) for serving purposes]:  5 P.M.  9 A.M.  11 A.M.
- Junior Ukrainian Catholic Youth (Grades 6-9) [Location: Bishop Pocock Elementary School]

**CHILD #4:** Name: \_\_\_\_\_ Middle Name(s): \_\_\_\_\_

Birthdate: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Allergies:  No /  YES \_\_\_\_\_ (space provided on last page for details)

Saskatchewan Health Card Number: \_\_\_\_\_

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- Children of Mary [preferred liturgy (ies) for serving purposes]:  5 P.M.  9 A.M.  11 A.M.
- Junior Ukrainian Catholic Youth (Grades 6-9) [Location: Bishop Pocock Elementary School]

**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.

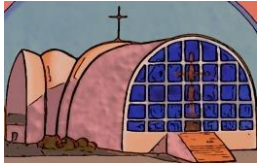
I/we release **Ss. Peter and Paul Ukrainian Catholic Church and the Ukrainian Catholic Eparchy of Saskatoon**, its ministries/offices, employees/designees, organizations, and photographer(s) from liability for any violation of any personal or proprietary right I/we may have in connection with such use.

### 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).

**(PLEASE COMPLETE OTHER SIDE)**



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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. (Can be found under "Forms" on the church website)

\_\_\_\_\_  
Name of Parent/Guardian (Printed)

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date (Day/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 (Day/month/year)