

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

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

Does your child have an exceptionality that we should be aware of that might require additional support and/or supervision (e.g. physical disability, autism, ADHD, etc.): [] Yes [No]

Details _____

I give consent for my child to participate in the St. John of the Cross Parish 2024 Cross Camp.

Parent/Guardian's Signature

Date



If paying via E-Transfer:

- 1) Send Cross Camp payment to: admin@sjocross.org
- 2) Send a separate email message to admin@sjocross.org with your security answer, your Name, Phone number, & purpose of this fund.

Indemnity Waiver & Media Release for Parent/Guardian

INDEMNITY WAIVER: In consideration of the acceptance of my child's registration for the 2024 St. John of the Cross Parish Summer Cross Camp, on behalf of myself, my heirs, assigns, executors and personal representatives, I release and hold harmless and forever discharge St. John of the Cross Parish and its Staff, Caregivers and Volunteers, Summer Cross Camp Coordinator, from any and all liability, claims, losses, damages, costs or expenses, and waive any such claims against and such person or organizations, arising directly or indirectly from, or attributable in connection with all 2024 St. John of the Cross Parish Summer Cross Camp activities, both on site at St. John of the Cross Parish and offsite.

MEDIA RELEASE: I, the undersigned, do hereby consent to have photographs and video taken of my child/children (participating in the St. John of the Cross Summer Cross Camp) for the use in any form of media and/or publicity material produced or printed by St. John of the Cross Parish or the 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 St. John of the Cross Parish and the Archdiocese of Toronto. The undersigned releases and forever discharges the aforementioned party and the photographer /videographer.

Name(s) of Child(ren): _____

Name of Parent/Guardian (PRINT): _____

Parent/Guardian Signature: _____

Date: _____

**Please submit completed form to the parish office or email to
sjocrossmi@archtoronto.org.**