



St. John of the Cross Parish Cross Camp 2025 Registration & Permission Form

OFFICE USE

☐ Week of July 14-18 (Egypt: Joseph's Journey Program)

☐ Week of July 21-25 (Marvelous Mystery: The Mass Program)

☐ Both Weeks

Payment Method: ☐ Cash ☐ E-Transfer (see page two) ☐ Debit/Credit Card

Registration Fees:

- One Child: \$175 per child, per week OR \$300 per child for two weeks.
- Two Children (same family): \$300 for two children, per week OR \$550 for two children, for two weeks.

Is there a second and/or third child participating in the Cross Camp? Yes No

Name of second child: _____

Please complete a separate Registration & Permission Form for the second/third child

Name of Child: _____

Address: _____

City: _____ **Postal Code:** _____

School: _____ **Grade in September 2025:** _____

T-shirt size (circle one): Youth S M L
Adult S M L XL

SACRAMENTS RECEIVED (circle one)

Communion: Yes No

Reconciliation: Yes No

PARENT INFORMATION

Mother's Name: _____ **Email:** _____

Mother's Address: _____

Mother's Cell: _____ **Mother's Work No.** _____

Father's Name: _____ **Email:** _____

Father's Address (if different): _____

Father's Cell: _____ **Father's Work No.** _____

EMERGENCY CONTACT & MEDICAL INFORMATION

Individual who can be contacted and/or pick your child in the event of an emergency.

Name: _____ **Relationship:** _____

Phone One: _____ **Phone Two:** _____

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 limit their participation in some activities or require additional support / 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 2025 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 2025 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 2025 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