



**St. John of the Cross Parish  
EDGE Program 2025/26  
Registration Form**

OFFICE USE

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

**Recommended Registration Donation:** \$40 / child

**PARTICIPANT INFORMATION**

**Name of Child:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**SACRAMENTS RECEIVED**

**Communion:** Yes No

**Reconciliation:** Yes No

**PARENT INFORMATION**

**Mother's Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Mother's Address (if different than above):** \_\_\_\_\_

\_\_\_\_\_ **Mother's Phone:** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Father's Address (if different than above):** \_\_\_\_\_

\_\_\_\_\_ **Father's Phone:** \_\_\_\_\_

**EMERGENCY CONTACT & MEDICAL INFORMATION**

Individual who can be contacted and/or pick your child in the event of an emergency (if parents cannot be reached).

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Phone Number(s):** \_\_\_\_\_

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

\_\_\_\_\_  
Please notify the Youth Ministry 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, EDGE Program 2025/26.

\_\_\_\_\_  
**Parent/Guardian's Signature**

\_\_\_\_\_  
**Date**

### **INDEMNITY WAIVER & MEDIA RELEASE FOR PARENT/GUARDIAN**

**INDEMNITY WAIVER:** In consideration of the acceptance of my child's registration for the 2025/26 St. John of the Cross Parish EDGE Program, 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, Youth Ministry 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 2025/26 St. John of the Cross Parish EDGE Program 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 Parish, EDGE Program) 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 of Child:** \_\_\_\_\_

**Name of Parent/Guardian (PRINT):** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Please submit completed form to the parish office or email to [sjocrossmi@archtoronto.org](mailto:sjocrossmi@archtoronto.org)

### **If sending donation via E-Transfer:**

1) Send EDGE Program donation to: [admin@sjocross.org](mailto:admin@sjocross.org)

2) Send a separate email message to [admin@sjocross.org](mailto:admin@sjocross.org) with your security answer, your name, phone number, and purpose of this fund.