

**KIDS OF HOPE MARCH BREAK CAMP**  
**(Monday, March 10<sup>th</sup> to Friday, March 14<sup>th</sup>, 2025)**  
**Student Registration & Permission Form**

Registration begins on February 1st and is processed on a first come, first serve basis. Please submit the form and payment to the Parish office (**Cash and Cheques payable to St. Martin of Tours Parish only, no card payments available**). If there are any questions or concerns, please contact Ann Mary Chennoth at achennoth@archtoronto.org

OFFICE USE ONLY
Amount Paid .....
Cash/Cheque.....
Date of Registration.....

**Registration Fee: \$100 per student (non-refundable, covers camp materials. Meals and snacks are not included.)**

Name of Student: \_\_\_\_\_

School Attending: \_\_\_\_\_ Grade \_\_\_\_\_

**PARENT INFORMATION**

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

Mother's Address: \_\_\_\_\_

Mother's Telephone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

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

Father's Address (if different from mother's): \_\_\_\_\_

Father's Telephone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

**EMERGENCY CONTACT & MEDICAL INFORMATION**

*Person who can be contacted to pick up child*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

All medications except inhalers must be turned into March Break camp volunteers to be kept in a secure location. Please notify the volunteers about any serious conditions that require close supervision.

*Permission is required for an adult to administer an EpiPen.*

Does your child have a serious learning disability? (e.g. Autism, ADHD)? [ ] Yes [ ] No

***If Yes, 1 on 1 parental or adult supervision must be assigned to the child during the day.***

I give consent for my child to participate in the 2025 Kids of Hope March Break Camp Program.

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

\_\_\_\_\_  
Date

**Indemnity Waiver & Media Release for Parent/Guardian**

**INDEMNITY WAIVER:** In consideration of the acceptance of my children's registration for the March Break Camp Program at St. Martin of Tours Parish on behalf of myself, my heirs, assigns, executors and personal representatives, I release, hold harmless and forever discharge the March Break Camp leaders, St. Martin of Tours Parish Staff, Caregivers and Volunteers, the Archdiocese of Toronto, its staff; officers, directors, employees and affiliates, from any and all liability, claims, losses, damages, costs or expenses, and waive any such claims against and such persons or organizations, arising directly or indirectly from, or attributable in connection with all March Break Camp activities, both on site St. Martin of Tours Parish and off site parish grounds through the sponsorship and organization of the Archdiocese of Toronto.

**MEDIA RELEASE:** I, the undersigned, do hereby consent to have photographs and video taken of my children (participating in the March Break Camp program) for the use in any form of media and/or any publicity material produced or printed by the Roman Catholic Episcopal Corporation for the Diocese of Toronto, in Canada (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 the Archdiocese of Toronto. The undersigned releases and forever discharges the aforementioned party and the photographer /videographer.

Name(s) of Children: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Parent/Guardian (Print): \_\_\_\_\_

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

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

**KIDS OF HOPE - St. Martin of Tours Parish**  
Drop Off and Pick Up Policy

Please notify the camp staff if an unauthorized person will be picking up your child. Verbal and written permission must be received before we release a child to anyone who is not authorized on the registration form. This is for the safety and protection of your child. A parent or guardian must authorize up to 3 individuals to pick up their child from the Church. Authorized individuals will be required to present valid identification to pick up any child from the Church.

I authorize the following individuals to pick up my child from the Church:

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

If an authorized individual without valid identification or an unauthorized individual comes to pick up my child from the Church, I can be contacted at this number: \_\_\_\_\_

All parents and guardians must make sure that a staff person recognizes that the child has been dropped off or is being picked up from the Church.

Parent name \_\_\_\_\_

Date \_\_\_\_\_