

**St. Thomas United Church  
Youth Registration Package  
GRADES 7 - 12  
2018/2019**

**Letter to Parents**

Welcome to St. Thomas Youth Group!

The Youth Group at St. Thomas is open to all youth in grades 7 through 12. We meet most Friday evenings and Sunday mornings during the worship service. The newsletter and St. Thomas website will list Friday evening activities and any Sunday dates when youth group will not be meeting.

Friday evening activities are typically structured the same way each week – with an exception here and there, depending upon the activity. Most activities cost about \$2 - \$10. St. Thomas will subsidize some activities. We will normally meet in the upper parking lot at St. Thomas at 6:30 pm and check everyone in. All money for the evening will be collected at that time as well. The Youth Leaders (and any necessary volunteers) will drive the youth to their activity and supervise the activity. We return to the upper parking lot at the church at 9:30 pm. Some evenings may start earlier or end later depending on the activity but youth and parents will be notified in advance. Occasionally, activities will be on Saturday or Sunday afternoons instead of Friday. As mentioned above there may be times when parents will be called upon to drive so we can ensure all youth can attend every event.

All youth in the St. Thomas Youth Group are welcome to invite friends to Sunday morning Youth Group or to the Friday Night Activities. Please just let the Youth Leader know if friends are joining the Friday Night Activity so that a waiver can be signed by their parents and so they can ensure there are enough drivers for the event.

**Friday evenings are usually quite active and we ask that all parents read over the following list of potential activities and provide their initial on Page 2 of this Registration Package to acknowledge that they are aware of the types of activities that the youth could be participating in each week.**

Potential Activities for Friday Night Youth Group:

- |                  |  |   |
|------------------|--|---|
| • swimming       | • roller skating                       | • caroling  |
| • movie night    | • ultimate Frisbee                     | • helping at various charitable agencies (Calgary drop in Center, CUPS etc) |
| • wall climbing  | • physical games e.g. capture the flag |   |
| • mini golf      | • volleyball                           |   |
| • Zoo Lights     | • curling                              |   |
| • laser tag      | • themed dance e.g. Halloween          |   |
| • games night    |  |   |
| • go-kart racing |  |   |

The Youth Leaders will be sending out an email at the start of each week reminding the youth and parents of that week's social activity – what we will be doing, how much it will cost and the time for drop off and pick up of the youth. **We ask that parents or youth utilize email as much as possible to respond either way if the youth will be attending or not.**

There will be Youth Group most Sunday mornings during the services. We will begin September by starting with the youth in the sanctuary (we usually sit together at the front) at the beginning of each service and then heading up to the Youth Room part way through.

We are looking forward to getting to know the youth and begin having some fun!

Heather Robertson, Eden Middleton, Caitlin Hornbeck

Youth Registration Form
GRADES 7 - 12
2018/2019

Youth Name \_\_\_\_\_

Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Birthdate \_\_\_\_\_ (dd /mm /yy) Age \_\_\_\_\_ Grade \_\_\_\_\_

Alberta Health Care Number \_\_\_\_\_ School \_\_\_\_\_

Does the participant have any physical, cognitive, emotional or behavioral limitations/challenges that would require assistance and/or modifications to the program to enable him or her to participate fully? [ ] Yes [ ] No
If yes, please state particulars: \_\_\_\_\_

Parents Names \_\_\_\_\_

Address (if different than above) \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone 1) home \_\_\_\_\_ 2) cell or work \_\_\_\_\_ 3) work \_\_\_\_\_

Parent Email \_\_\_\_\_

Emergency Contact if parent cannot be reached

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone 1) \_\_\_\_\_ 2) \_\_\_\_\_

Please ensure that you have received and read Page 1 (Letter to Parents) of this Registration Package \_\_\_\_\_ (initial)

PERMISSION FORM

I \_\_\_\_\_ the parent/legal guardian of \_\_\_\_\_ give my permission for my son/daughter to participate in those activities that are part of the St. Thomas United Church Youth Group programming. I understand that this form does not pertain to those activities that will take my son/daughter out of town. I hereby assume responsibility should my son/daughter break any of the SADV (no sex, alcohol, drugs, and violence) rules at any of these activities, and understand that, should this happen, my son/daughter will be asked to leave said activity. Furthermore, I agree that the above information is correct to the best of my knowledge.

Signature of parent/legal guardian \_\_\_\_\_

May we use the email address supplied to remind you of upcoming meetings? If we may, please initial here: \_\_\_\_\_ (If, at any time, you no longer wish to receive these emails, simply reply to an email mail with 'Remove me from your email list' or 'unsubscribe' in the subject line or call the Church Office at 403-241-0366.)

# St. Thomas United Church

100 Hawkwood Blvd. NW Calgary, Alberta T3G 2S9

Phone: (403) 241-0366

Fax: (403) 547-5556

[office@stthomasunited.ca](mailto:office@stthomasunited.ca)

[www.stthomasunited.ca](http://www.stthomasunited.ca)

## PARENT APPROVAL, ACKNOWLEDGEMENT AND RELEASE FORM

\_\_\_\_\_  
Participant's Name

I/We the parents (and/or Guardians) of the above named participant, hereby give our approval and acknowledgement to his/her participation in programs offered by St. Thomas United Church between September 1, 2018 and June 30, 2019. (See attached letter for examples of activities.)

I/We do hereby acknowledge and agree that the participation of our child, above named, is at our sole risk and liability; moreover, we hereby release and agree to hold harmless St. Thomas United Church, the instructor, coordinator, leader or any responsible appointed adult from any and all actions, the cause of actions, claims liability and demand whatsoever arising out of or in any way related to or connected with this program without limitations.

I/We do hereby consent to any medical attention or any other care or treatment considered necessary.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

Alberta Health Care Number: \_\_\_\_\_

**Please note any health problems, allergies, or special medication required:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## St. Thomas United Church Photograph Release (Children/Youth)

As part of the programs at St. Thomas United Church, electronic and/or film images or video recordings may be taken of you and your child or children. These images could be used for Worship Services, group activities such as crafts and as part of our promotional materials, on our web site or on our social media page. St. Thomas United Church will not publish the name of your child or his or her personal information.

Note: Other photographs of your child may be taken as part of group activities and may be taken home by other children participating in this program. Once the images are in the possession of persons outside of St. Thomas United Church, St. Thomas is not responsible for the way the images are used.

I \_\_\_\_\_, give St. Thomas United Church (STUC) permission to use my child's image in any pictures, photos, video recordings, digital images, and the like, taken or made on behalf of STUC. Any images can be used to publicize STUC activities and the church community at large. I acknowledge that I will not receive compensation for the use of these images, and hereby release STUC from any and all claims. I waive all copyright to these images.

I give my consent to St. Thomas United Church to use my child's (children's) likeness

DATE: \_\_\_\_\_

Parent or Guardian name (print): \_\_\_\_\_

Signature: \_\_\_\_\_

Child's name(s) \_\_\_\_\_

Email: \_\_\_\_\_ Daytime Contact Number: \_\_\_\_\_

I **DO NOT** give my consent to St. Thomas United Church to use my child's (children's) likeness

DATE: \_\_\_\_\_

Parent or Guardian name (print): \_\_\_\_\_

Signature: \_\_\_\_\_

Child's name(s) \_\_\_\_\_

Email: \_\_\_\_\_ Daytime Contact Number: \_\_\_\_\_