



# Program Registration Form

## True North VBS - St. John the Divine, Cayuga

### August 4 - 8 2025

**(One Per Child)**

Please type or print with black/blue ink to complete this form.

Participant's Legal Name:		DOB: M: D: Y:
Preferred Name or Nickname:		Pref. Gender ID:
Address:		
City:	Prov:	Postal Code:
Contact Email:		Contact Phone #:
Parish (Incl. city/town):		Last school grade completed:
Are there any special accommodations required? <input type="checkbox"/> No <input type="checkbox"/> Yes, specify:		
Parent/Guardian Name(s):		
Name 1:	Parent Name 2:	
Home Phone:	Home Phone:	
Work/Cell Phone:	Work/Cell Phone:	
Address	Address	
Postal Code	Postal Code	
Email:	Email:	
Relationship to Participant:	Relationship to Participant:	

**Allergies, medical conditions, or special needs:** \_\_\_\_\_

**In case of emergency, contact:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Relationship to child:** \_\_\_\_\_

**Consent/Release to Photograph/Video**

I, the undersigned, am the parent(s) or guardian(s) of the participant and have legal custody of the participant. I acknowledge and agree that I will disclose in writing conditions of custody and access, if applicable, to The Synod of the Diocese of Niagara (the "Diocese").

I hereby give permission to the Diocese to photograph/video my child and grant the Diocese the right to reproduce, use, exhibit, display, broadcast, distribute, and create derivative works of the photographed and/or filmed images of my child, taken for use in connection with the activities of the Diocese or for promoting, publicizing, informing, or programming in connection with the Diocese or its activities.

I further consent to the use of my child's name in connection with the photograph(s)/video(s) if needed by the Diocese and/or parties designated by the Diocese.

I acknowledge and agree to transfer to the Diocese and/or parties designated by the Diocese, any and all rights, including copyright, which my child may have in this material.

I further acknowledge and agree that Diocese and/or parties designated by the Diocese reserves the right to use photos, video, or digital images for an unlimited time.

I understand and agree that my child will not receive any payment for my time or expenses or any royalty for the publication of the photograph(s)/video(s) or the use of my child's name and I hereby release the Diocese and/or any parties designated by the Diocese any such claims.

I understand that the Diocese is committed to protecting the confidentiality, privacy, and accuracy of the personal information it collects. The information gathered in this form will be used solely to support the participant's involvement with the parish and the Diocese.

On behalf of the participant (my child) I have read this Consent/Release to Photograph/Video and give my permission as set out above.

X\_\_\_\_\_X\_\_\_\_\_

*Signature of Parent/Guardian*

*Date (m/d/yr)*

**Please complete and return this form by email to Jess Letman at  
SJTD.VBS@gmail.com**

**or by mail to St. John the Divine, Box 8, 37 Ottawa St. N Cayuga, ON N0A 1E0.**