



*St Mary of the Visitation Parish  
Cambridge, Ontario*

## **Crossroads Registration (Young Adults Group)**

Name \_\_\_\_\_  Male  Female

Address \_\_\_\_\_

City/Postal Code \_\_\_\_\_ Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_

E-mail \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Daytime Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

### ***CONDITIONS OF ENROLMENT:***

1. While every precaution will be taken to ensure your safety, The Episcopal Corporation of the Diocese of Hamilton, St Mary of the Visitation Parish, its staff members, employees, volunteers or facilities in and outside the designated parish and school area are hereby released from any and all liability in the event of any accident or misfortune that may occur to you. Further, the same named bodies and individuals are not responsible for lost or stolen items..
2. In the event that you require special medication or treatment, every reasonable attempt will be made as soon as possible to notify the emergency contact who will be responsible for any expense for additional care or transportation. In case of surgical emergency, I hereby give my permission for, and order injection, anesthesia or surgery for myself.
3. I give permission for St Mary of the Visitation Parish to use any photography for promotional materials, and permission for them to send email message concerning events at the address above. I have read this application form and accept the conditions of enrollment.

Signature \_\_\_\_\_