



Program Registration Form

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

Program/Event Name: _____ **Year:** _____

Participant Information

Legal Name:		DOB: M: D: Y:	
Preferred Name:		Prof. Gender ID:	
Address:			
City:	Prov:	Postal Code:	
Youth Email:		Phone #: ()	
Parish (Incl. city/town):		Youth Cell #: ()	
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: ()	
Email:		Email:	
Relationship to Participant:		Relationship to Participant:	

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.

Signature of Parent/Guardian

Date

**Please complete, sign, and return this form by email to Jane Wyse at jane.wyse@niagaraanglican.ca
or by mail to Diocese of Niagara, 252 James St. N., Hamilton, ON L8R 2L3**