



41 GLENDINNING AVE. TORONTO, ONTARIO M1W 3E2

SERVANTS REGISTRATION/ PERMISSION FORM FOR THE 16TH ANNUAL C.O.O.L. CONVENTION FOR STUDENTS WHO COMPLETED GRADES 7 OR 8

DATE / TIME: FROM: FRIDAY, AUGUST 15TH AT 8:00 A.M.
TO: SUNDAY, AUGUST 17TH AT 3:30 P.M.

LOCATION: DURHAM COLLEGE, 2000 SIMCOE ST. NORTH, OSHAWA, ON.

PRICE: \$130 PER PERSON (PLUS TRANSPORTATION COSTS FOR YOUR CHURCH, IF ANY)

THEME: SELF-CONTROL



In order to register as a servant for this year's C.O.O.L. convention, you must complete this form in full. **Your Father of Confession must sign this form permitting you to serve in this capacity.** If you are a servant who is under the age of 18, your parent/ guardian must also print his/her name and sign in the designated areas below. Forms missing emergency telephone numbers, O.H.I.P. numbers, signatures or other information will be considered incomplete.

16TH ANNUAL C.O.O.L. CONVENTION SERVANT REGISTRATION

Name of **Servant:** _____

E-Mail (print clearly): _____

Name of Church: _____

Home Tel. #: _____ Emergency Tel.# _____

Home Address: _____

O.H.I.P. # _____ Medications: _____

T-Shirt Size (circle one): XS, S, M, L, XL, XXL.

Allergies/ Medical conditions/ Medications: _____

(If the servant named above is below 18 years old, the parent/ guardian of that servant must print his/her name and sign below.)

I, (print name of parent/ guardian) _____, give permission for my above named son or daughter to participate in the excursion, convention, or activities described above and hereby authorize the directors and /or the persons responsible for the excursions to act for him/ her according to their best judgment in any emergency requiring medical attention, and I agree to take responsibility for the expenses of such a procedure. I understand that neither the organizers of the excursion, convention, or activities cited above, nor the supervising counselors will in any way be liable or responsible for any loss or injury to persons or damage to or loss of property that may arise during any activity at or related to the above-cited excursion, convention or activity.

+FATHER OF CONFESSION: Fr. _____ SIGNATURE: _____
(Name)

Date: _____

Signature of parent/guardian: _____

Date: _____