



**EDGE**  
ST. EDWARD THE CONFESSOR PARISH

<u>Office Use Only</u> Cash/Cheque: _____ Amount Paid: _____ <b>Kick-Off: September 22, 2017</b>
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## Registration Form 2017/2018

- Registration Fee is \$50.00 per child and \$30.00 per additional family member. (September to June).
- No youth is ever turned away due to a lack of funds. Please contact Kimberly Go, our Youth Minister, if there are any financial difficulties.

### **Youth Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Gender: M / F

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

T-Shirt Size (Unisex): S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_

Does your child have any siblings also in EDGE? Who? \_\_\_\_\_

### **Parent/Guardian Information**

Father's First & Last Name: \_\_\_\_\_

Mother's First & Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Father's Cell: \_\_\_\_\_ Work No.: \_\_\_\_\_

Mother's Cell: \_\_\_\_\_ Work No.: \_\_\_\_\_

**PLEASE NOTE: Our EDGE Youth Ministry communicates via email whenever possible. All emails sent will be strictly related to EDGE (i.e. upcoming dates and events). We require one working Parent email address only.**

Parent Email Address: \_\_\_\_\_

### **Media Release Statement**

I hereby grant permission for my child to be photographed during EDGE youth ministry events and activities. I understand that my child may decline to be photographed at any time. I further grant permission for the resulting photographs to be edited, if necessary, and then published and/or used for promoting EDGE and/or other youth ministry events at St. Edward the Confessor Parish.

Name (Please Print): \_\_\_\_\_

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

**I hereby decline to grant permission** for my child to be photographed during EDGE youth ministry events and activities. I have instructed my child to decline to be photographed at all times. I have further instructed my child to notify the EDGE Coordinators and Core Team Members that he/she may not be photographed under any circumstances.

Name (Please Print): \_\_\_\_\_

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

### **Medical Release Statement**

**Anyone who participates in any EDGE events and activities must fill out this form.**

Family Name: \_\_\_\_\_

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

Family Doctor: \_\_\_\_\_ Contact: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Does your child have any special needs due to a learning disability, physical disability, reading difficulty, hearing impairment, or psychological and/or emotional concerns? Please specify.

\_\_\_\_\_

Please list any known allergies, health problems, or current medications.

\_\_\_\_\_

Has your child received a Tetanus Shot in the past ten years? Yes \_\_\_\_\_ No \_\_\_\_\_

The above-named person is permitted to participate in the events and activities held at St. Edward the Confessor Parish for the EDGE Youth Ministry program. I/We understand that reasonable precaution will be taken to safeguard the health and safety of the participant and that the designated emergency contact will be notified as soon as possible in case of emergency. In the event of any sickness or accident, I/we will not hold St. Edward the Confessor Parish, the Archdiocese of Toronto, any volunteer, chaperone, or driver responsible. I/We authorize and consent that emergency treatment be rendered under the general or specific supervision and on the advice of any physician, dentist, or surgeon licensed to practice in the Province of Ontario or any other Province. The undersigned understand(s) and agree(s) that any medical, dental, or hospital expense incurred shall be at their own risk. The undersigned understand(s) every effort will be made to notify the emergency contact in the event that treatment is necessary.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

