



## EDGE REGISTRATION FORM PART 1

1st YOUTH'S FULL NAME \_\_\_\_\_

BIRTH DATE \_\_\_\_\_ GENDER \_\_\_\_\_ GRADE \_\_\_\_\_ T-SHIRT SIZE (Adult) \_\_\_\_\_

SCHOOL \_\_\_\_\_

YOUTH'S E-MAIL ADDRESS \_\_\_\_\_

2nd YOUTH'S FULL NAME \_\_\_\_\_

BIRTH DATE \_\_\_\_\_ GENDER \_\_\_\_\_ GRADE \_\_\_\_\_ T-SHIRT SIZE (Adult) \_\_\_\_\_

SCHOOL \_\_\_\_\_

YOUTH'S E-MAIL ADDRESS \_\_\_\_\_

Family's Last Name \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Address \_\_\_\_\_ City, State, ZIP \_\_\_\_\_

Father's Full Name \_\_\_\_\_ Mother's Full Name \_\_\_\_\_

Father's Work Phone \_\_\_\_\_ Mother's Work Phone \_\_\_\_\_

I would like to minister as a Core Team Member at the Edge \_\_\_\_\_

I would like to minister to the Edge by helping to set up on Wednesday afternoon \_\_\_\_\_

I would like to financially support the Edge nights and events: \$10 \_\_\_\_\_ \$20 \_\_\_\_\_ \$30 \_\_\_\_\_ Other \_\_\_\_\_

Please complete additional registration information on part 2.



## EDGE REGISTRATION FORM PART 2

### \*CONFIDENTIAL INFORMATION\*

Does your child have any special needs due to a learning disability, physical disability, reading difficulty, hearing impairment, emotional problem, or any other reason?

Name of Child \_\_\_\_\_ Special Need \_\_\_\_\_

Describe any allergy, chronic illness or other conditions: \_\_\_\_\_

\_\_\_\_\_

Does this child take any medications? NO \_\_\_\_ YES \_\_\_\_ List: \_\_\_\_\_

My child has no special needs \_\_\_\_\_

In case of emergency, please contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Check the appropriate box ONLY if the statement applies

Middle School Youth has not been baptized in the Catholic Church \_\_\_\_\_

I/We would like to discuss baptism and/or sacrament preparation for our middle school youth \_\_\_\_\_

Registered at St. Francis? YES \_\_\_\_ NO \_\_\_\_

### MODEL RELEASE STATEMENT

I hereby grant permission for my child to be photographed and/or videotaped during Edge Activities and events. I understand that my child may decline to be photographed and/or videotaped at any time.

I further grant permission for the resulting photographs and/or videotaped footage to be edited, if necessary, and then published and/or broadcast for the purpose of promoting the EDGE and/or youth programs at St. Francis of Assisi Parish.

Name (PLEASE PRINT) \_\_\_\_\_

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

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

Name (PLEASE PRINT) \_\_\_\_\_

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