

PLEASE COMPLETE BOTH SIDES OF THIS FORM



OFFICE USE ONLY

Amount Paid \_\_\_\_\_

Check Number \_\_\_\_\_

Date of Registration \_\_\_\_\_

Registration Form 2009-2010

1<sup>st</sup> Youth's Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Grade \_\_\_\_\_ School \_\_\_\_\_

Gender \_\_\_\_\_ Birthday \_\_\_\_\_ T-Shirt Size (Women's) S \_\_\_ M \_\_\_ L \_\_\_ Other \_\_\_  
(Men's) S \_\_\_ M \_\_\_ L \_\_\_ Other \_\_\_

Is this your child's first year in The EDGE (yes) \_\_\_\_\_ (no) \_\_\_\_\_

2<sup>nd</sup> Youth's Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Grade \_\_\_\_\_ School \_\_\_\_\_

Gender \_\_\_\_\_ Birthday \_\_\_\_\_ T-Shirt Size (Women's) S \_\_\_ M \_\_\_ L \_\_\_ Other \_\_\_  
(Men's) S \_\_\_ M \_\_\_ L \_\_\_ Other \_\_\_

Is this your child's first year in The EDGE (yes) \_\_\_\_\_ (no) \_\_\_\_\_

*To save on postage costs, The EDGE will be communicating by e-mail whenever possible.*

Family's Last Name (If different than your child's) \_\_\_\_\_

Father's Name \_\_\_\_\_

Mother's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone Number \_\_\_\_\_

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

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

Father's E-mail address \_\_\_\_\_

Mother's E-mail address \_\_\_\_\_

Middle School Youth's E-mail address \_\_\_\_\_

Annual \$125.00 Fee per Child  
**Fees Do Not Include Extra EDGE Activities**

No middle school youth is ever turned away for a lack of funds.

**NO REFUNDS AFTER OCTOBER 1, 2009**

CONFIDENTIAL: Does your child have any special needs due to a learning disability, physical disability, reading difficulty, hearing impairment, or emotional concerns?

Describe any allergy (including food allergies), chronic illness or other conditions: \_\_\_\_\_

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

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

<b>Check the appropriate box <u>ONLY</u> if the statement applies</b>	
Middle School Youth has not been baptized in the Catholic Church _____	
<b>Does your child need to receive any other sacraments YES _____ NO _____</b>	
<b>If YES which ones _____</b>	
Registered at St. Patrick's Catholic Community	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. Patrick's Catholic Community and on our web site.

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) \_\_\_\_\_

<p><b>I would like to minister as a Core Team Member at The EDGE _____</b></p> <p><b>I would like to minister to The EDGE by helping to set up on Monday morning _____</b></p> <p><b>I would like to sponsor a middle school youth at The EDGE \$25 _____ \$50 _____ \$100 _____ Other _____</b></p>
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Please list here any group requests. We will TRY to honor requests if they are made before September 1, 2009.

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