

PLEASE COMPLETE BOTH SIDES OF THIS FORM



OFFICE USE ONLY

Amount Paid _____

Check Number _____

Date of Registration _____

Registration Form 2011-2012

1st Youth's Last Name _____ First Name _____

Grade _____ School _____

Gender _____ Birthday _____ T-Shirt Size (Adult) XS ___ S ___ M ___ L ___ XL ___ Other ___

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

2nd Youth's Last Name _____ First Name _____

Grade _____ School _____

Gender _____ Birthday _____ T-Shirt Size (Adult) XS ___ 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.

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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 _____

Middle School Youth's Phone _____ Cell phone provider: _____

May we contact your son/daughter about EDGE events via text message? Yes _____ No _____

Father's E-mail address _____

Mother's E-mail address _____

Middle School Youth's E-mail address _____

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 _____

<p align="center">Check the appropriate box <u>ONLY</u> if the statement applies</p> <p align="center">Middle School Youth has not been baptized in the Catholic Church _____</p> <p align="center">Does your child need to receive any other sacraments this year YES _____ NO _____</p> <p align="center">If YES which ones _____</p> <p align="center">Registered at St. Patrick's Catholic Community YES _____ NO _____</p>
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MODEL RELEASE STATEMENT

- I hereby grant _____ or decline _____ 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 _____ or decline _____ 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) _____

<p>I would like to minister as a Core Team Member at The EDGE _____</p> <p>I would like to minister to The EDGE by helping to set up on Monday morning _____</p> <p>I would like to sponsor a middle school youth at The EDGE \$25 ___ \$50 ___ \$100 ___ Other ___</p>
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Please list here any group requests. We will TRY to honor requests if they are made before July 1st, 2011.

<p align="center">Annual \$125.00 Fee per Child</p> <p align="center">Please make checks out to St. Patrick Catholic Community</p> <p align="center">Fees Do Not Include Extra Edge Off-Site Activities.</p> <p align="center">No middle school youth is ever turned away for a lack of funds.</p>

Go to our website! www.sptheedge.org for more information.