

PLEASE COMPLETE BOTH SIDES OF THIS FORM



OFFICE USE ONLY

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

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

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

Registration Form 2011-2012

1<sup>st</sup> 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) \_\_\_\_\_

2<sup>nd</sup> 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.*

*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 \_\_\_\_\_

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 style="text-align: center;"><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 this year YES _____ NO _____</b> <b>If YES which ones _____</b> Registered at St. Patrick's Catholic Community YES _____ NO _____</p>
---

**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><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>
--

Please list here any group requests. We will TRY to honor requests if they are made before July 1<sup>st</sup>, 2011.

\_\_\_\_\_

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

**Go to our website! [www.spthedge.org](http://www.spthedge.org) for more information.**