



EDGE

ST. BARNABAS YOUTH MINISTRY

REGISTRATION FORM 2016-2017

Last Name _____		First Name _____	
Grade _____	School _____		
Gender _____	Age _____	Birth Date _____	
T-Shirt Size: _____			

Parent/Guardian Name(s): _____

Address _____ City _____ Postal Code _____

Home Phone Number _____ Cell # _____

The EDGE will be communicating by e-mail whenever possible. All emails sent will be strictly related to EDGE. i.e. upcoming dates and events. We would require a parent/guardian address only.

PARENT/GUARDIAN Email Address _____

- I would like to be contacted to assist with EDGE Night Snacks throughout the year**
- I would like to be contacted to assist with EDGE Night Environment decorating**

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 used for the purpose of promoting The EDGE and/or youth programs at St Barnabas Parish.

(Signature) _____ **(Date)** _____

- I do NOT grant permission for my child to be photographed and/or videotaped during EDGE Activities and Events.

(Signature) _____ **(Date)** _____

PLEASE COMPLETE BOTH SIDES OF THIS FORM

EDGE PERMISSION / MEDICAL RELEASE

Every person who participates in any EDGE activities or events must fill out this form.

Health Card # _____

Please list any know allergies, health problems, or current medications _____

Does your child have any special needs due to a learning disability, physical disability, reading difficulty, hearing impairment or emotional concerns? (This is not asked to exclude your child in anyway, but to include them more fully)

St. Barnabas Parish for EDGE Youth Ministry

I/We understand that reasonable precaution will be taken to safeguard the health and safety of the participant and that the designated emergency contact person will be notified as soon as possible in case of emergency. In the event of any sickness or accident person(s) will not hold St Barnabas, 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 of any other Province. The undersigned understand(s) and agrees 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

The EDGE is a cell phone free zone; EDGErs will not be permitted to use their phones or any electronic devices from 7-9pm

Registration fee for the EDGE Program

(Cash or cheque Payable to St. Barnabas)

\$50/child or \$40/2 + children in a family

NO child will ever be turned away

For Office Use Only

Date Submitted:

Payment Method:

Received By: