



EDGE Registration Form

Youth's Full Name _____

Birth Date _____ Gender _____ Grade _____

School _____

Mother's Name _____ Father's Name _____

Address _____

City, State, Zip _____

Parent's E-Mail Address _____ Phone Number _____

I would like to minister as a Core Team Member at the EDGE. _____ (yes or no)

I would like to minister to the EDGE by being an EDGE Support Member. _____ (yes or no)

List any special needs (for example ADD, physical restrictions, medications, allergies, etc) on the back of this form.

I give permission for my child to participate in the 2010-2011 activities, events and retreats sponsored by St. Mary's EDGE. I understand and agree that I will be responsible for any costs, fees or other expenses related to my child, including but not limited to any damage done to other's property, return costs to home due to expulsion from any activities, events and retreats and / or medical costs. I understand that while participating in these activities events, and retreats, my child must follow the instructions and directions provided by adult personnel and that he/she must abide by the code of conduct policies. My child's failure to follow instructions, directs and/or Code of Conduct may result in his/her immediate expulsion from the activity, event, retreat, and/or EDGE.

I hereby give permission for any medical attention to be administered to my child in the event of an accident, injury, sickness, etc., under the direction of the event coordinators, until such time as I may be contacted.

I hereby certify that I am voluntarily signing this permission and medical release form; I intend to be legally bound by the terms of this document and fully understand its significance.

Medical Insurance Information is voluntary but no child will be able to participate in outside activities without it.

Health Insurance _____ Policy Number _____

Allergies: _____

Medications: _____

Medical History: _____

Name (Please Print) _____

Signature _____ Date _____