



CATHOLIC MIDDLE SCHOOL YOUTH MINISTRY

Sacred Heart Assumption Parish **EDGE** Registration Form All Youth are Welcome!

We will be communicating by e-mail whenever possible

1 st YOUTH'S FULL NAME _____			
BIRTH DATE _____	GENDER _____	GRADE _____	T-SHIRT SIZE (Adult) _____
SCHOOL _____			
YOUTH'S E-MAIL ADDRESS _____			

2 nd YOUTH'S FULL NAME _____			
BIRTH DATE _____	GENDER _____	GRADE _____	T-SHIRT SIZE (Adult) _____
SCHOOL _____			
YOUTH'S E-MAIL ADDRESS _____			

Family's Last Name _____	Home Phone Number _____
Address _____	City, State, ZIP _____
Father's Full Name _____	Mother's Full Name _____
Father's Work Phone _____	Mother's Work Phone _____

I would like to minister as a Core Team Member at the <i>EDGE</i> _____
I would like to minister to the <i>EDGE</i> by helping to set up on Sunday _____

Please complete additional registration information on pg. 2 of this form
The information below is confidential

Does your child have any special needs due to a learning disability, physical disability, reading difficulty, hearing impairment, emotional problem, or any other reason?

Name of Child _____ Special Need _____

Describe any allergy, chronic illness or other conditions: _____

Does this child take any medications? NO _____ YES _____ List: _____

My child has no special needs _____

In case of emergency, please contact: _____ Phone _____

<p style="text-align: center;">Check the appropriate box <u>ONLY</u> if the statement applies</p> <p style="text-align: center;">Middle School Youth has not been baptized in the Catholic Church _____</p> <p style="text-align: center;">I/We would like to discuss baptism and/or sacrament preparation for our middle school youth _____</p> <p style="text-align: center;">Registered at Assumption Parish YES _____ NO _____</p>
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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 Sacred Heart and Assumption Parishes only.

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) _____

*Sacred Heart and Assumption Parish sacrificial givers are not required to make a donation although we will gladly accept. Please make check out to Assumption Parish. Place payment and registration form in an envelope marked "The Edge" and mail to Assumption Parish 2116 Cornwall Ave. Bellingham, WA 98225.

Thank-you,
Angus McDonell
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360-733-1380x21