



ST. MARY OF THE FALLS
EDGE[®]
Catholic Middle School Ministry

2017-2018 Registration

___ \$55 Registration – **Due by May 31st**

___ \$75 Registration- After May 31st

2 or more Edgers?! (Go you!)
 take \$10 off for each additional kiddo

Student Full Name _____ Nickname _____

Gender: Male Female 2017/2018 Grade: 6th 7th 8th School: _____

Home address: _____

Home Phone: _____ Religion: _____

Student Cell Phone: _____ Birthdate: __ __/ __ __/ __ __ __ __

Do you have (circle all that apply): Facebook Twitter Snapchat Instagram

Would your friends describe you as: outgoing funny shy talkative quiet _____

How interested are you in learning about Faith? 5- VERY!!! 4 3 2 1- ugh

Favorite summer activity? _____ Favorite winter activity? _____

Favorite book? _____ Favorite video game? _____

Who is your student's best friend (in their grade) at St Mary of the Falls EDGE? _____

If at all possible and for whatever reason (bullying, too rowdy together, etc), who is one child in your student's grade that you would prefer they not be in a group with at EDGE Nights? _____

Father's Name: _____ Religion: _____

Occupation: _____ Preferred Phone No: _____

Email: _____ Birthdate: _____

Mother's Name: _____ Religion: _____

Occupation: _____ Preferred Phone No: _____

Email: _____ Birthdate: _____

Is your family registered and active with St. Mary of the Falls Parish? Y N

Previous Religious Education: Name of Parish _____

Attended: PSR Catholic School Other: _____ Grades Attended: _____

Baptism: Parish: _____ City: _____ Date: _____

Communion: Parish: _____ City: _____ Date: _____

Reconciliation: Yes No

Office Use Only

Fee Paid: Cash _____ Check # _____ Amount _____ Balance Owed _____

Verification of Sacraments: Baptism First Communion

Photo/ Video Release: I/we hereby give consent to photograph or videotape aforesaid participant and without limitation to use such photographs or videotapes and or stories in connection with any work of the St. Mary of the Falls Office without consideration of any kind, and I do hereby release the St. Mary of the Falls LIFE TEEN Office from any claims whatsoever which may arise in said regard.

Mother/Father or Guardian's SIGNATURE _____ Date: _____

Emergency Form

Purpose: This form enables the parent(s)/guardian(s) to authorize emergency treatment for children who become seriously ill or injured while under the authority of St. Mary of the Falls EDGE when parent(s)/guardian(s) cannot be reached.

Student Allergies: _____

Student Medications: _____

Medical Conditions: _____

Emergency Contacts: Please list the names, relationships, and phone numbers of two people to call in case you cannot be reached if your child becomes ill.

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

In the event reasonable attempts to contact me at _____ (your phone number) or _____ (other parent's name) at _____ (phone number) have been unsuccessful, I hereby give my consent for: 1) the administration of any treatment deemed necessary by

Dr. _____ (physician) at _____ (phone number),

or Dr. _____ (dentist) at _____ (phone number),

or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and 2) the transfer of my son/daughter to _____ (preferred hospital) or any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained before surgery is performed.

Insurance carrier: _____ Policyholder: _____

Parent/Guardian Signature: _____ Date: _____

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Refusal to Consent

I do not give my consent for emergency medical treatment of my son/daughter. In the event of illness or injury requiring emergency treatment, I wish the program director to take no action or to: _____

I fully understand what is involved in the experience of EDGE and foregoing the release form, and I understand I have the opportunity to call the St. Mary of the Falls LIFE TEEN Office (440) 235-2222 ext 114

Parent/Guardian Signature: _____ Date: _____