

# Holy Spirit Parish

## EDGE – 2018-2019 REGISTRATION FORM

Grades 6 - 9   Mondays   6:30 PM – 8:00 PM

<b>1<sup>st</sup> Child's Name:</b> _____	<b>Date of Birth:</b> ____/____/____
<b>Grade:</b> <i>(circle the grade level)</i> 6 <sup>th</sup> 7 <sup>th</sup> 8 <sup>th</sup> 9 <sup>th</sup>	
<b>Gender:</b> Male    Female	
Please list any special needs/allergies/medical needs the leaders should be aware of: _____ _____	

<b>2<sup>nd</sup> Child's Name:</b> _____	<b>Date of Birth:</b> ____/____/____
<b>Grade:</b> <i>(circle the grade level)</i> 6 <sup>th</sup> 7 <sup>th</sup> 8 <sup>th</sup> 9 <sup>th</sup>	
<b>Gender:</b> Male    Female	
Please list any special needs/allergies/medical needs the leaders should be aware of: _____ _____	

<b>3<sup>rd</sup> Child's Name:</b> _____	<b>Date of Birth:</b> ____/____/____
<b>Grade:</b> <i>(circle the grade level)</i> 6 <sup>th</sup> 7 <sup>th</sup> 8 <sup>th</sup> 9 <sup>th</sup>	
<b>Gender:</b> Male    Female	
Please list any special needs/allergies/medical needs the leaders should be aware of: _____ _____	

**Are you registered in Holy Spirit Parish** Yes\_\_\_ No\_\_\_ Other \_\_\_\_\_  
**Do we have permission to take photos/video of your family for parish-related projects or to post in the church or on the website?** Yes\_\_\_ No\_\_\_

**How will you be paying the \$25 fee per child? Please contact Celena for our family rate.**  
Cash\_\_\_ Cheque\_\_\_ - Cheques can be written out to "Holy Spirit Parish" with "Youth Programs - EDGE 2018" written in the memo.  
Please include payment with completed registration form.

**Are parents or older siblings interested in volunteering with the EDGE this year?** Yes\_\_\_ No\_\_\_

### MEDICAL RELEASE

**Parent's Name:** \_\_\_\_\_ **Home Phone #:** \_\_\_\_\_  
**Cell Phone #:** \_\_\_\_\_ **e-mail Address:** \_\_\_\_\_  
**Emergency Contact Person:** \_\_\_\_\_ **Phone #** \_\_\_\_\_

I understand that, in the event medical treatment is required, every effort will be made to contact me. However, if I cannot be reached, I give permission to the adults in charge of **HOLY SPIRIT YOUTH PROGRAMS** to secure the services of a licensed physician to provide the care necessary for my child's well-being.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Parent or Guardian)*