



**St. Gabriel Youth Ministry**

**“GLORIFY”**

**The EDGE Registration Form**

*We will be communicating by e-mail whenever possible*

1 <sup>st</sup> YOUTH'S FULL NAME _____		
BIRTH DATE _____	GENDER _____	GRADE _____
SCHOOL _____		
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2 <sup>nd</sup> YOUTH'S FULL NAME _____		
BIRTH DATE _____	GENDER _____	GRADE _____
SCHOOL _____		
T-SHIRT SIZE(s) (Adult) XL _____ L _____ M _____ S _____ Other _____ (Youth) L _____ M _____ S _____ (Please write the number of t-shirts you want for each size.)		

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 _____
Father's Email Address _____	Mother's Email Address _____
Check all that apply: We Text _____ We use Twitter _____ We have Facebook _____ We have Instagram _____	

<b>I would like to help with snacks.</b> <input type="checkbox"/>
<b>I would like to help with Edge on Wednesday night.</b> <input type="checkbox"/>
<b>I would like to help with retreats/event.</b> <input type="checkbox"/>

If you would like to donate to help fund the youth program, please make checks payable to St. Gabriel.

*Suggested Donation \$25 per Family*

Amount Paid \$ \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_

**NO MIDDLE SCHOOLER IS EVER TURNED AWAY FOR LACK OF FUNDS**

Please complete additional registration information on the back of this form

**This information 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: \_\_\_\_\_

In case of emergency, please contact: \_\_\_\_\_ Phone \_\_\_\_\_

Check the appropriate box ONLY if the statement applies

Middle School Youth has not been baptized in the Catholic Church \_\_\_\_\_

I/We would like to discuss baptism and/or sacrament preparation for our middle school youth \_\_\_\_\_

Registered at (your parish name here) \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_

**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 St. Gabriel.

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) \_\_\_\_\_