



St. Gabriel Youth Ministry

“Relentless Father”

The EDGE Registration Form

We will be communicating by Group Me and e-mail whenever possible

1 st YOUTH'S FULL NAME _____		
BIRTH DATE _____	GENDER _____	GRADE _____
SCHOOL _____		

2 nd 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 _____	
We have Group Me _____	

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

Suggested Donation \$25 per teen

Please make checks payable to St. Gabriel

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) _____