



## Sacred Heart Youth Ministry EDGE Registration Form

~ We will be communicating by e-mail/ facebook whenever possible ~

**Home Phone:** ( ) - \_\_\_\_\_ **Emergency Phone:** ( ) - \_\_\_\_\_

**Parent(s) Names:** \_\_\_\_\_

**Full Postal Mailing Address:** \_\_\_\_\_

1<sup>st</sup> YOUTH'S FULL NAME \_\_\_\_\_

BIRTH DATE \_\_\_\_\_ GENDER \_\_\_\_\_ GRADE 5 6 7 8

SCHOOL \_\_\_\_\_ OHIP # \_\_\_\_\_

YOUTH'S OR PARENT E-MAIL ADDRESS \_\_\_\_\_

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2<sup>nd</sup> YOUTH'S FULL NAME \_\_\_\_\_

BIRTH DATE \_\_\_\_\_ GENDER \_\_\_\_\_ GRADE 5 6 7 8

SCHOOL \_\_\_\_\_ OHIP # \_\_\_\_\_

YOUTH'S or PARENT E-MAIL ADDRESS \_\_\_\_\_

**As a parent, I would like to chaperone at EDGE Nights YES NO (If Yes, someone will contact you)**

**Suggested Donation Fee: \$20 per person**  
**Donation Paid: \$** \_\_\_\_\_

**Tax Receipts can be issued for donations of \$20 and over. (These are issued as part of the yearly church donation tax receipts. Unfortunately, individual receipts can not be given.)**

**Would you like a Tax Receipt? YES NO**

**Cash or Check. Checks are made payable to Sacred Heart LaSalle Youth Ministry. Cheque #** \_\_\_\_\_

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

Use back if necessary.



I/we understand that reasonable precaution will be taken to safeguard the health and safety of the participant(s) and that the designated emergency contact person will be notified as soon as possible in case of emergency. In the event of any sickness or accident person(s) will not hold Sacred Heart Parish, Staff, Youth Commission, the Roman Catholic Episcopal Diocese of London, any volunteer, chaperone, or driver responsible. I/we authorize and consent that emergency treatment be rendered under the general or specific supervision and on the advice of any physician, dentist, or surgeon; licensed to practice in the Province of Ontario or any other province. The undersigned understand(s) and agrees that any medical, dental, or hospital expense incurred shall be at their own expense. The undersigned understand(s) every effort will be made to notify the emergency contact in the event that treatment is necessary.

**(SIGNATURE)** \_\_\_\_\_ **(DATE)** \_\_\_\_\_

Note: Whenever possible, if EDGE is cancelled (snow day, storm, etc) a message will be left on the Parish Phone @ (519) 734-7512 x3.