



Sacred Heart Youth Ministry EDGE Registration Form 2016-2017

~ We will be communicating by E-mail whenever possible ~

EDGE PARTICIPANT'S: *one form per participant please

PARTICIPANTS FULL NAME: _____

Primary Address of Student: _____

Gender: _____ Grade: 5 6 7 8 School: _____

Teacher's Name: _____

CONTACT INFORMATION:

Mother: _____ Phone: _____ Cell: _____

Father: _____ Phone: _____ Cell: _____

*****Email Address to send updates/notices about EDGE:**

DONATIONS:

Suggested Donation Fee: \$25 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 cannot be given.)*

Would you like a Tax Receipt? YES NO

Cash or Cheque. Cheques are made payable to Sacred Heart Youth Ministry. Cheque # _____

VOLUNTEERING:

As a parent, I would like to chaperone at EDGE Nights

YES NO (If Yes, someone will contact you)

Adult volunteers provide supervision and arrange snacks on the tables. A schedule will be created to rotate parents, so you will **NOT** be scheduled every night.

NAME: _____ Phone: _____

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 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 and agrees that any medical, dental, or hospital expense incurred shall be at their own expense. The undersigned understand every effort will be made to notify the emergency contact in the event that treatment is necessary.

SIGNATURE _____ DATE _____

Note: Photo's may be taken of your youth at EDGE events and posted to official Church websites and/or in school/church photo displays. If you wish your child not to be photographed, please attach a letter informing us. Whenever possible, if EDGE is cancelled (snow storm, etc.) a message will be left on the Parish Phone @ (519) 734-7512 x24.