



ST. MONICA PARISH
EDGE[®]

Catholic Middle School Ministry
 44 Broadway Avenue, Toronto

www.stmonicatoronto.ca (416) 483-1513

OFFICE USE ONLY
 AMOUNT PAID : _____
 CK / CASH : _____
 DATE OF REG : _____

R-"EDGE"-ISTRATION FORM 2015/16

Youth Information

Last Name : _____ First Name : _____

Grade : _____ School : _____ Age : _____ Birthday: _____

Gender : _____ T-shirt Size [Adult / Unisex] S: _____ M: _____ L: _____ XL: _____

Please list any siblings this child has in EDGE : _____

Parents Information

Mother's First Name : _____ Last Name : _____

Father's First Name : _____ Last Name : _____

Address : _____ City : _____ Postal Code : _____

Home Phone : _____ Mother's Cell : _____ Father's Cell : _____

Parent/ Guardian Email : _____

The EDGE will be communicating upcoming EDGE events and important information by email. All emails sent will be strictly related to EDGE. Ie. Upcoming dates and events. Please provide a parent/guardian email so we can keep you up to date on EDGE information.

Cost Information




Annual Registration Fee \$60.00 first child, \$20.00 each additional family member.
 [There may be additional costs for optional EDGE functions]

No middle school youth will ever be turned away for a lack of funds.

NO REFUNDS AFTER NOVEMBER 13th 2015

Only registrations received BY NOVEMBER 13th, 2015 will receive a new EDGE shirt!

ST. MONICA PARISH
 44 BROADWAY AVE, TORONTO ONT.
 STMONICATORONTO@GMAIL.COM
 PHONE : 416-483-1513

 : St. Monica YouthMinistry
 : @StMonicaToronto
 : STMONICATORONTO



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Registration Form 2015/16

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 used for the purpose of promoting EDGE and/or youth programs at St. Monica Catholic Church. I also give permission for the resulting photographs and/or videotaped footage of my child to be posted on social media sites ie. Facebook, Instagram, Twitter and St. Monica Parish's website.

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 : _____

Contact Waiver

Your child will be assigned to a small group during EDGE sessions. Periodically, your child's small group leader [EDGE CREW member] would like to contact your child by phone or by internet, in order to relay information, check on attendance or discuss other EDGE matters with them. Contact will be made at respectful times only.

I give my child's small group leader permission to contact him/her regarding EDGE matters and information throughout the year.

Name [please print] _____

Signature : _____ Date : _____



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EDGE Permission / Medical Release

Every person who participates in any EDGE activities or events must fill out this form.

Family Name : _____

Participant Name : _____

Family Doctor : _____ Phone Number : _____

Health Card Number : _____

Emergency Contact Name : _____ Relationship : _____

Emergency Contact Number : _____ Cell : _____

Does your child have any special needs due to a learning disability, physical disability, reading difficulty, hearing impairment or emotional concerns? _____

Please list any known allergies, health problems, or current medications : _____

Has your child received a tetanus shot in the past 10 years? Y/N _____

The above names person is permitted to participate in the activities planned at :

St. Monica Parish EDGE Youth Ministry

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 St. Monica Parish, the Diocese of Toronto, 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 risk. The undersigned understand[s] every effort will be made to notify the emergency contact in the event that treatment is necessary.

Parent / Guardian Signature Date