



ST. BERNARD OF CLAIRVAUX

EDGE

2018 – 2019 REGISTRATION FORM

(Please Print)

YOUTH INFORMATION			
Full Name:	Nickname (Optional):	Birth date: / /	
School:	Grade:	Gender (circle): Male or Female	
Street Address:			Apt. #
City:	State:	Zip:	Needs Confirmation? <input type="checkbox"/> Yes <input type="checkbox"/> No
Home Phone: ()	Other Phone (Optional): ()		
Best Month or Date for Spring Retreat:	Shirt Size (circle): Youth Large Adult Small Adult Medium Adult Large		
On Facebook? <input type="checkbox"/> Yes <input type="checkbox"/> No	On Instagram? <input type="checkbox"/> Yes <input type="checkbox"/> No	On Twitter? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Friend Request for Edge Small Group (Optional):			
Activities and/or Sports:			

FAMILY INFORMATION	
Father's Full Name:	Father's Phone: () <input type="checkbox"/> Cell Phone <input type="checkbox"/> Work Phone
Father's Email:	
Mother's Full Name:	Mother's Phone: () <input type="checkbox"/> Cell Phone <input type="checkbox"/> Work Phone
Mother's Email:	

Please Complete Both Sides of this Form.

****CONFIDENTIAL INFORMATION****

SPECIAL CONSIDERATIONS

Does your child have any special needs due to a learning disability, physical disability, reading difficulty, hearing impairment, an emotional problem or any other reason? If so, please describe those needs below:

Describe any allergy, chronic illnesses or other condition:

Does your child take any medications? Yes No

If so, please list the medications:

IN CASE OF EMERGENCY, PLEASE CONTACT

Name:	Relationship to Youth:	Phone: ()
Name:	Relationship to Youth:	Phone: ()

PERMISSION STATEMENT

As parent or guardian, I hereby **grant** my consent to use and release to the Roman Catholic Diocese of Phoenix and St. Bernard of Clairvaux Catholic Church, the use of my name and/or my likeness, or my child's/children's name or likeness, whether in still, motion pictures, audio or video tape, photograph and/or other reproduction of me or my child/children including voice and features, with or without names, of any promotional purposes involving the Diocese or Parish or program, new feature stories in The Catholic Sun or other media or other purpose whatsoever, except for the endorsement of any commercial products, without further compensation or permission. I understand that the Diocese of Phoenix and St. Bernard of Clairvaux Catholic Church exclusively owns all rights to such recordings irrespective of the form in which they are produced or used.

Parent Signature:

PARENTAL ACKNOWLEDGEMENT

I understand that the Edge program at St. Bernard of Clairvaux is a once a week commitment. I will make **every effort** to give my child the opportunity to attend the Edge events in order to deepen their relationship with Jesus Christ and learn more about the teachings of the Catholic Church.

Parent Signature:

Date: / /

OPTIONAL PARENT MINISTRIES

- I would like to help by providing food and drinks
- I would like to help by providing transportation for events
- I would like to help by setting up and/or cleaning up
- I would like to help by chaperoning special events
- I would like to help by joining the Edge Core Team

FEES FOR EDGE

Annual \$50 Fee per Child (Does Not Include Off-Site Activities)

For Office Use Only:	Check # _____	Amount: \$ _____
	Cash \$ _____	Credit Card \$ _____