

Registration Form 2010 - 2011 School Year



Student Information:

S t u d e n t	First Name: _____	Last Name: _____	Nickname: _____	Gender: M F
	Birthdate: _____	School: _____	Grade: 6 7 8	T-shirt size: AS AM AL AXL A2X
S t u d e n t	Student's E-mail Address: _____	Address: _____	City, State, Zip: _____	Student's Cell Phone #: _____
	Baptized Catholic? <input type="checkbox"/> yes <input type="checkbox"/> no	Rec'd 1st Communion? <input type="checkbox"/> yes <input type="checkbox"/> no	Member of what parish? _____	Any special needs we need to be aware of? (medical, educational, emotional, allergies, medications, etc.) _____
S t u d e n t	First Name: _____	Last Name: _____	Nickname: _____	Gender: M F
	Birthdate: _____	School: _____	Grade: 6 7 8	T-shirt size: AS AM AL AXL A2X
S t u d e n t	Student's E-mail Address: _____	Address: _____	City, State, Zip: _____	Student's Cell Phone #: _____
	Baptized Catholic? <input type="checkbox"/> yes <input type="checkbox"/> no	Rec'd 1st Communion? <input type="checkbox"/> yes <input type="checkbox"/> no	Member of what parish? _____	Any special needs we need to be aware of? (medical, educational, emotional, allergies, medications, etc.) _____

Parent Information:

Father's Full Name _____	Father's E-mail address: _____
Father's Address (if different than above): _____	
Father's Home Phone: _____	Work: _____
Mother's Full Name _____	Mother's E-mail address: _____
Mother's Address (if different than above): _____	
Mother's Home Phone: _____	Work: _____
In case of emergency please contact (please list name, relationship, and contact information): _____	

Program Information:

Annual Registration Fee of \$40 per student requested at time of registration. This fee covers cost of a meal at each Edge Night and supplies for Edge Night activities. T-shirts will be available for purchase at additional cost (optional). Additional donations may be requested for special events such as retreats and socials.

No middle school student will ever be turned away for lack of funds. Scholarships available. Contact Lisa Hunke at 380-5643 or Lcthunke@msn.com for more information.

Volunteers are essential to the success of this program. Parents, please mark any area in which you would be willing to help with this ministry:
Core Team Member _____ Environment (setting up, taking down) _____ Transportation _____
Food Preparation / Service _____ Retreat Planning _____ Photography _____
Videography _____ Financial Support _____ Promotions _____
I would like to sponsor a middle school youth at EDGE by donating: \$10 _____ \$20 _____ \$30 _____ Other: _____

Information about Edge will be transmitted throughout the year via email and also on the youth ministry website at www.lifetimeofwp.com. Please make sure the information we have on file is current at all times.

The Life Teen / Edge programs are centered around the Eucharist. Attending Mass is a very important part of this program. We would like to invite all Edge students to attend the Life Teen Mass as a group on Sunday nights at St. Marys at 5:00. Pews are reserved up front for students to sit together for this Mass. Please make a commitment to having your child at this Mass to enhance his/her spiritual development in the Edge program.

Photo Release:

Please check all that apply and sign/date below:

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 (including web site publications) and/or broadcast for the purpose of promoting the EDGE and/or youth programs at and in the vicinity of St. Mary's parish, West Point, Nebraska.

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.

Parent's Name (PLEASE PRINT) _____ Date _____

Parent's Signature _____