

PLEASE COMPLETE BOTH SIDES OF THIS FORM



Office Use Only Amount Paid _____ Check Number _____ Date of Registration _____
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Registration Form Spring/Summer 2008

1 st Youth's Last Name _____	First Name _____	Middle Initial _____
Grade _____	School _____	
Gender _____	Birthday _____	T-shirt size _____
1 st Youth's Last Name _____	First Name _____	Middle Initial _____
Grade _____	School _____	
Gender _____	Birthday _____	T-shirt size _____

To Save on Postage costs, THE EDGE will be communicating by e-mail whenever possible.

Family's Last Name (If different than your child's) _____

Father's Name _____

Mother's Name _____

Address _____ **City** _____ **Zipcode** _____

Home Phone Number _____

Father's Cell Phone _____

Mother's Cell Phone _____

Father's Email Address _____

Mother's Email Address _____

Middle School Youth's E-mail Address _____

\$20.00 Fee Per Child

Fees Do Not Include Extra EDGE Activities

Please mail this form to:
Courtney Orillion Middle School Youth Minister
P.O. Box 40 Carencro, Louisiana 70520
Or Return to the Church Office

**No middle school youth is ever turned away for a lack of funds
(NO REFUNDS)**

CONFIDENTIAL:

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

Describe any allergy (including food allergies), chronic illness or other conditions: _____

Does this child take any medications? NO _____ YES _____ List: _____

In case of emergency, please contact: _____ Phone _____

Photo/Video Release Waiver:

I grant to St. Peter Roman Catholic Church (collectively the “sponsor,”) its Representatives and employees the right to take photographs and video of my child _____ at any and all activities associated with the sponsors, to be used for promotional purposes. I authorize St. Peter Roman Catholic Church, it’s assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that St. Peter Roman Catholic Church may use such photographs and video of my child, taken at any event associated with the sponsors, in all forms, media and manners, without restriction as to changes or alterations, for advertising, trade, promotion, exhibition or any other lawful purposes.

I have read and understand the above:

Signature of parent/guardian:

Date: _____

(Parents/Guardians) Interested in volunteering to help out with THE EDGE?

I would like to minister as a Core Team Member at THE EDGE _____

I would like to be on a Prayer Team _____

I would like to sponsor a middle school youth at THE EDGE \$10 ___ \$20 ___ \$30 ___ Other _____

Any other capacity _____

Please list here any group requests. We will TRY to honor requests.
