

Holy Family's Junior Youth Group

Edge

Registration Form

***for Grade 6 to 8
(See Website & Posters for Dates)***

Please fill this form and email to:

holyfamilyedgeyouthgroup@outlook.com

Youth's name: _____

Age: _____ Gender: _____ Grade: _____ School: _____

Allergies or Medical Condition: _____

Family Contact Info:

Parent/Guardian Names: _____

Address: _____

Phone Numbers:(Home) _____ (Cell): _____

Email address: _____

Emergency Contact: _____

I consent to allowing my child to be photographed during Edge. The photographs may be displayed on social media and/or displayed in the foyer of the parish.

Please circle one: Yes or No

I understand that reasonable precautions will be taken to safeguard the health and well being of the participants in the Edge Youth Group and that I will be notified as soon as possible in the event of an emergency. In the case of sickness or an accident, I authorize and consent Edge Youth Group, or other associated volunteers of the Edge Youth Group program to obtain medical care from a licensed physician, hospital, or medical clinic for my son/daughter if myself or other legal guardian(s) can not be reached. Unless other written instruction is submitted.

Parent/Guardian Signature: _____ Date: _____