



EDGE
ST. MARY OF THE FALLS

2023-2024 Registration

___ \$100 Registration BEFORE May 1st, 2023

___ \$125 Registration AFTER May 1st, 2023

More than 1 Edger? Go you! Take off \$15 for each additional Edger

Student Full Name: _____ Nickname: _____

Gender (circle one): Male Female 2023/2024 Grade: 6th 7th 8th School: _____

Home address: _____

Home Phone: _____ Religion: _____

Birthdate: ___ ___ / ___ ___ / ___ ___

Would your friends describe you as: outgoing funny shy talkative quiet _____

How interested are you in learning about Faith? 5- VERY!!! 4 3 2 1- ugh

Who is your student's best friend (in their grade) at EDGE? _____

If at all possible and for whatever reason (bullying, too rowdy together, etc), who is one child in your student's grade that you would prefer they not be in a group with at EDGE Nights?

Father's Name: _____ Religion: _____

Occupation: _____ Preferred Phone No: _____

Email: _____

Mother's Name: _____ Religion: _____

Occupation: _____ Preferred Phone No: _____

Email: _____

Is your family registered and active with St. Mary of the Falls Parish? Y N

Previous Religious Education: Name of Parish: _____

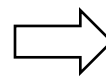
Attended: PSR Catholic School Other: _____

Grades Attended: _____

Baptism: Parish: _____ City: _____ Date: _____

Communion: Parish: _____ City: _____ Date: _____

Please Fill out Back of this Form



Office Use Only

Fee Paid: Cash _____ Check # _____ Amount _____ Balance Owed _____

Discipline Warning: 1st _____ 2nd _____ 3rd _____ call to parents _____

Photo/ Video Release: I/we hereby give consent to photograph or videotape aforesaid participant and without limitation to use such photographs or videotapes and or stories in connection with any work of the St. Mary of the Falls Office without consideration of any kind, and I do hereby release the St. Mary of the Falls LIFE TEEN Office from any claims whatsoever which may arise in said regard.

Mother/Father or Guardian's SIGNATURE: _____ Date: _____

Emergency Form

Purpose: This form enables the parent(s)/guardian(s) to authorize emergency treatment for children who become seriously ill or injured while under the authority of St. Mary of the Falls EDGE when parent(s)/guardian(s) cannot be reached.

Student Allergies: _____

Student Medications: _____

Medical Conditions: _____

Emergency Contacts: Please list the names, relationships, and phone numbers of two people to call **in case you cannot be reached** if your child becomes ill.

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

In the event reasonable attempts to contact me at _____ (your phone number) or _____ (other parent's name) at _____ (phone number) have been unsuccessful, I hereby give my consent for: 1) the administration of any treatment deemed necessary by

Dr. _____ (physician) at _____ (phone number),
or Dr. _____ (dentist) at _____ (phone number),

or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and 2) the transfer of my son/daughter to _____ (preferred hospital) or any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained before surgery is performed.

Insurance carrier: _____ Policyholder: _____

Parent/Guardian Signature: _____ Date: _____

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Refusal to Consent

I do not give my consent for emergency medical treatment of my son/daughter. In the event of illness or injury requiring emergency treatment, I wish the program director to take no action or to: _____

I fully understand what is involved in the experience of EDGE and foregoing the release form, and I understand I have the opportunity to call the St. Mary of the Falls LIFE TEEN Office (440) 235-2222 ext. 124

Parent/Guardian Signature: _____ Date: _____