



# EDGE<sup>®</sup>

## ST. MARGUERITE D'YOUVILLE

### KICK-OFF FRIDAY, OCTOBER 6<sup>TH</sup> 7:00 – 8:30PM

Event(s): St. Marguerite d'Youville Edge 2023-2024  
 Date/ Time: Every OTHER Friday, 7:00pm – 8:30pm  
 Where: St. Marguerite d'Youville Parish  
 Supervision: Youth Minister, EDGE Core, Volunteers

#### Participant

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Birth date: \_\_\_\_\_ Sex: \_\_\_\_\_ Grade: \_\_\_\_\_

#### Family Info

Parent 1 Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Parent 2 Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Primary Address: \_\_\_\_\_ City: \_\_\_\_\_ PostalCode: \_\_\_\_\_  
 Parent Email: \_\_\_\_\_  
 Secondary Address: \_\_\_\_\_ City: \_\_\_\_\_ PostalCode: \_\_\_\_\_  
 Secondary Email: \_\_\_\_\_  
 Emergency Contact \_\_\_\_\_  
 Emergency Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

We will be communicating by e-mail wherever possible

#### Emergency

#### Medical

Allergies: \_\_\_\_\_  
 (optional) Health Card Number: \_\_\_\_\_





**Medical Care**

I/we understand that reasonable precaution will be taken to safeguard the health and safety of the participant (s) and that the designated emergency contact person will be notified as soon as possible in case of emergency. In the event of any sickness or accident person(s) will not hold **St. Marguerite d'Youville Parish, the Archdiocese of Toronto**, any volunteer, chaperone, or driver responsible.

**Permission**

I/we authorize and consent that emergency treatment be rendered under the general or specific supervision and on the advice of any physician, dentist, or surgeon; licensed to practice in the Province of Ontario. The undersigned understand(s) and agrees that any medical, dental, or hospital expense incurred shall be at their own expense. The undersigned understand(s) every effort will be made to notify the emergency contact in the event that treatment is necessary.

**Release**

In signing this I am granting my youth permission to participate in St. Marguerite d'Youville EDGE Nights at the above location.

**Photography**

I understand my son/daughter photograph and/or likeness and name may be used in a future promotion whether that be a parish publication, website, or video publication.

**Pick-Up**

Please ensure that you come inside to pick your son/ daughter up at the end of the EDGE night.

**Registration Fee for the year is \$50 (includes a T-shirt)**

**Amount Paid \$ \_\_\_\_\_ Cash / Cheque # \_\_\_\_\_**

**NO STUDENT IS EVER TURNED AWAY FOR LACK OF FUNDS**

Check the appropriate box **ONLY IF** the statement applies:

- He/She has not been baptized in the Catholic Church
- I/We would like to discuss baptism and/or sacrament preparation for our son/daughter

Youth Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

If you have any questions, call Margaret at 905-792-7497 or e-mail [dyouvilleyouth@gmail.com](mailto:dyouvilleyouth@gmail.com)