

EDGE REGISTRATION

Please return FORM AND CASH to St. Marguerite d'Youville Parish Office



OFFICE USE ONLY

Amount Paid _____

Ck/Cash _____

Date of Registration _____

EDGE Form 2023

GRADES 5 – 8

PLEASE PRINT CLEARLY

Youth's Last Name _____ First Name _____

Grade _____ Age _____

Is your child in EDGE (yes) _____ (no) _____

Mother's First/Last Name _____

Father's First/Last Name _____

Address _____ City _____ Postal Code _____

Home Phone Number _____

Mother's Cell # _____ Mother's Work # _____

Father's Cell # _____ Father's Work # _____

PARENT/GUARDIAN Email Address: _____

Registration Fee \$50.00.

Any questions please email Margaret Caminero @ dyouvilleyouth@gmail.com

MEDICAL RELEASE

Every person who participates in any activities or events must fill out this form.

Family Name _____

Participant Name _____

Family Doctor _____ Number _____

Health Card # _____

Emergency Contact Name/Relationship _____

Contact Number _____ Cell # _____

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

Please list any know allergies, health problems, or current medications _____

Has your child received a tetanus shot in the past 10 years? Y/N _____

The above named person is permitted to participate in the activities planned at:

St. Marguerite d'Youville Parish for Youth Ministry

I/We understand that reasonable precaution will be taken to safeguard the health and safety of the participant 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. 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 of any other Province. The undersigned understand(s) and agrees that any medical, dental, or hospital expense incurred shall be at their own risk. The undersigned understand(s) every effort will be made to notify the emergency contact in the event that treatment is necessary.

Parent/Guardian Signature

Date