



**St. John the Evangelist
Albion Youth Ministry**

please complete 1 form / youth in EDGE

Youth's Last Name	First Name		
Grade	School		
Birth Date	<i>(mm/dd/yyyy)</i>		
Gender	Age	T-Shirt Size	
Sacraments Received <i>(check all that apply)</i>			
Baptism		XS	
Reconciliation		S	
Eucharist		M	
Confirmation		L	
		XL	
		XXL	

Parent/Guardian's Name(s)

Parent/Guardian's Cell Number(s)

Address

City

Postal Code

Home Phone Number

Should we send out email updates (strictly related to EDGE information, i.e. themes of nights, upcoming dates and events), please provide a family email address.

Email

Donation

Donations to the EDGE program are appreciated but completely optional. No youth is ever turned away for a lack of funds. Should you like to donate please make checks payable to St. John's Youth Ministry. All donations are tax deductible.

\$ Amount enclosed:

Envelope #:

Parental Permission/Release & Other Information

***Emergency Contact Name**

Relationship to Youth

***Phone Number**

Does your child have any important needs due to a physical, mental or learning disability? Other concerns?

Please list any known allergies, dietary restrictions, health problems or current medications.

Health Card No:

Media Release *(select **ONE** option below only)*

I DO grant permission for my youth to be photographed and/or video recorded during EDGE activities. I further grant permission for resulting photographs and/or video to be published, if necessary, for the purpose of promoting youth programs at St. John's Parish on printed materials and/or on our website.

I DO NOT grant permission for my youth to be photographed and/or video recorded during EDGE activities. I have instructed my child to decline to be photographed and/or video recorded at all times and to notify EDGE Leaders that they may not do so.

Medical Treatment

If needed, I give permission for my youth to be evaluated, diagnosed, treated, and/or given medication in accordance with standard medical practice by licensed medical personnel. I understand that attempts to contact me (for youth), if necessary, will be made.

I relieve St. John the Evangelist Parish, all volunteers, chaperones and staff of all responsibility and consequences that may arise as a result of this treatment. I will not hold St. John the Evangelist Parish and all volunteers, chaperones and staff responsible in the event of injury or illness.

Parent/Guardian Signature:

X Date:

Thank you for your support of the youth at St. John's! For any questions or concerns not covered on this form please email youthministrycaledoneast@gmail.com.