



# EDGE Registration 2024/2025

## Youth Grades 6 - 8

**What:** This year's **EDGE** program will focus on the theme of 'Creation and Existence' answering questions like 'what are we even doing here?'. Lots of awesome games, competitions, and snacks will keep our nights full of fun while we build community and deepen our faith!

**When:** Every 2nd and 4th Thursday of the month from 6:45 - 8:30pm

Note: Programming will kick-off on September 26th and will continue until the end of June!

To support **EDGE** activities this year, we ask for a contribution of \$75/child.

Payable only by cash or cheque (addressed to Holy Family Parish)

The cost will cover food, activity materials, guest speakers, lessons, and a field trip to SkyZone.

### PARTICIPANT INFORMATION

Name: \_\_\_\_\_ School Attending: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Grade: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Male/Female: \_\_\_\_\_  
(MM/DD/YYYY)

Health Card Number: \_\_\_\_\_

Allergies / Medical Information: \_\_\_\_\_

### FAMILY INFORMATION

Mothers Name: \_\_\_\_\_ Mother's Cell: \_\_\_\_\_

Mother's Address: \_\_\_\_\_

Fathers Name: \_\_\_\_\_ Father's Cell: \_\_\_\_\_

Father's Address (If different than Mother's): \_\_\_\_\_

EMAIL ADDRESS(S): \_\_\_\_\_

*Please print your email clearly as this will be the primary point of communication.*

### EMERGENCY CONTACT

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**T-Shirt Size** please circle one      ADULT    S    M    L    XL

## RELEASE

**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 Holy Family, the Diocese of Toronto, any volunteer, chaperone, or driver responsible.

## MEDICAL CARE

**I/we** authorise 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 agree 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.

## PERMISSION

In signing this, I am granting my youth permission to participate in this program at Holy Family.

## PHOTOGRAPHY

**I/we** understand my son/daughter's 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

**I/we** understand that I/whomever is responsible will be expected to sign my son/daughter in and out each youth evening.

## BEHAVIOUR

**I/we** acknowledge that my son/daughter will be respectful and participate in all activities to uphold good Christian morals and be a role model to their peers. Should behaviour become an issue, appropriate actions will be taken with consultation with the Parish priest and parents/guardians to ensure that the child and peers are both safe and enjoying their time in youth ministry.

**Questions?** Please email Samantha at [hfw.youth@gmail.com](mailto:hfw.youth@gmail.com)

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

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

**Youth Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_