

**YOUTH MINISTRY**  
**EDGE / Life Teen Registration Form 2019-2020**

<b>EDGE</b> Grades 6th through 8th		<b>Life Teen</b> Grades 9th through 12th
<input type="checkbox"/> <i>Immediately following the 9:30 Mass</i>		<input type="checkbox"/> <i>Immediately following 9:30 Mass</i>
Sunday, September: 8, 22 Sunday, October: 6, 20 Sunday, November: 3, 17 Sunday, December: 1, 15  Sunday, January 2020: 5, 19 Sunday, February: 2, 16 Sunday, March: 1, 15 Sunday, April: 5, 19		Sunday, September: 15, 29 Sunday, October: 13, 27 Sunday, November: 10, 24 Sunday, December: 8, 22, 29  Sunday, January 2020: 12, 26 Sunday, February: 9, 23 Sunday, March: 8, 29 Sunday, April: 12, 26

**Registration Fees**

Registration Fee: \$125.00

Our goal is to have EVERY child enrolled in a Faith Formation Program. Money should not be an obstacle to enrolling a child. Please contact Fr. Mike Zgonc if any of these fees pose a hardship to your family at [frmike@stmarksnh.org](mailto:frmike@stmarksnh.org) or 432-8711.

Child's LAST Name:	Child's FIRST Name:	Grade Entering in Fall 2019/20 school year:
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Mother's First & Last Name:	Father's First & Last Name:
Email:	Email:

Address:	City/Zip:
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**YES! I would love to be a parent volunteer!**

**Please contact me with more information.**

**FOR OFFICE USE ONLY:**

<b>Registration Fee</b> <input type="checkbox"/> Cash <input type="checkbox"/> CC <input type="checkbox"/> Check # _____	<b>Family Registered</b> <input type="checkbox"/>	<b>Baptismal Certificate on File</b> <input type="checkbox"/> Date: _____ Parish: _____
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I \_\_\_\_\_ hereby give "My Child" \_\_\_\_\_  
 (Parent/Guardian Name) (Child Name)

permission to participate in the "Activity" described below.

Location	<i>St. Mark the Evangelist</i>
Activity Description	<i>YOUTH Ministry - EDGE/LIFETEEN</i>
Date(s) and Times*	<i>SEPTEMBER 2019 - APRIL 2020</i>
Transportation Provided?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Special Instructions, if any	<i>N/A</i>
Cost	<i>\$125.00, make check payable to St. Mark the Evangelist</i>
Volunteers Needed <sup>2</sup>	<i>Yes/No Volunteer Cost: \$ N/A</i>

\* If the Activity cannot be held on the Date or Times listed above, I intend for this Permission Form to apply and be effective for any rescheduled Date(s) and Times for the Activity.

I certify that My Child is physically fit and capable of taking part in the Activity.

I give permission for My Child to receive any emergency medical treatment deemed necessary until the Emergency Contact(s) can be notified, and I agree I will assume full responsibility for the payment of such treatment.

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

On the lines below, I have listed any medical condition, physical disability, and medical, food, insect and other allergy that may be relevant to rendering medical care. Any medication taken during the Activity must be provided in its original container.

\_\_\_\_\_

I understand that photographic images or video or audio recordings of My Child may be taken during the Activity and I authorize them to be used for publicity by the Location.

I understand that staff will use their best efforts to supervise the Activity; however, I agree and acknowledge that the Location, the Roman Catholic Bishop of Manchester, the Roman Catholic Bishop of Manchester, a Corporation Sole, and any lessor of the premises, along with their respective affiliates, successors, and assigns, and their respective members, directors, officers, trustees, employees, volunteers, agents, contractors, and representatives shall not be responsible for bodily injury or loss of or damage to personal property that may result from the Activity.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Volunteers<sup>3</sup>:

I voluntarily agree to assist with the Activity. I give permission to receive any emergency medical treatment deemed necessary until the Emergency Contact(s) can be notified, and I agree I will assume full responsibility for the payment of such treatment.

Volunteer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

<sup>1</sup> This Permission Slip is required from minors to participate in a trip (day or overnight) or for minors to volunteer.

<sup>2</sup> Must be age 21 or older to serve as a chaperone.

<sup>3</sup> Volunteers must complete a Volunteer Application and Agreement and fulfill all applicable Safe Environment requirements.