



Church of the Holy Family
EDGE/Christian Formation (Grades 6-8) 2018-2019

Registration **\$35.00 per teen**/AFTER Sept. 3 fee increases to **\$50.00 per teen**

Please make checks payable to Church of the Holy Family "CF" in memo

Sunday 9:30am-10:45am

Youth Information	
First Name: _____	Last Name: _____
Address (street/city/zip): _____	
Gender: _____	Grade: _____ School: _____
Date of Birth(MM/DD/YY): _____	

My teen has special needs: yes/no If yes, how can we be of assistance?

Parent/Guardian Information		
Name:	_____ (Father)	_____ (Mother)
Cell Phone:	_____ (Father)	_____ (Mother)
Email: (print clearly)	_____ (Father)	_____ (Mother)
Religion:	_____ (Father)	_____ (Mother)
Do both parents' reside in the home? <input type="checkbox"/> yes / no <input type="checkbox"/> If NO, child resides with: _____		

Please check below if your teen is receiving the Sacraments of Reconciliation/Eucharist:

_____ My teen needs the Sacraments of **First Reconciliation & First Eucharist** this year (Grade 2 and older)* **MUST PROVIDE A COPY OF BAPTISMAL CERTIFICATE**

_____ My teen has not received the Sacrament of **Baptism*** Please contact Tiffany Watson in the parish office for details regarding RCIA for Children/Teens.

Medical Information and Release Form
All information is kept private and confidential

MEDICAL INFORMATION

<p>Is the participant allergic to anything?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>List any details of allergies below (this may include food allergies, allergies to specific medications or chemicals, allergies to any substances):</p>
<p>Is the participant currently taking or has taken any prescription medication in the last 6 months?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>List the specific prescription medications, reasons for medication, and daily dosage. Indicate if the medication is currently being administered.</p>
<p>Does the participant have any emotional, physical or sensory conditions?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>List any emotional conditions that may impede participation in the event. This may include counseling, treatment for emotional conditions (i.e. depression, eating disorders), and/or family situations that may have a significant impact on the participant.</p> <p>List any physical and/or sensory conditions of which we should be aware or of which need special accommodations (e.g. hearing loss, visual impairment, mobility).</p>

RELEASE OF LIABILITY AND MEDICAL RELEASE

*As parent and/or legal guardian I remain legally responsible for any personal actions taken by the above named minor. I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend **Church of the Holy Family** the Catholic Diocese of Richmond, its employees and agents, chaperons, or representatives associated with this event from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the Diocese, its employees and agents and chaperons, or representatives associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the Diocese.*

*I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. In the event of any emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers I give permission for the noted emergency contact to be notified. I will not hold **Church of the Holy Family** and the Diocese of Richmond responsible for authorizing any medical treatment beyond necessary transportation to the hospital.*

Parent/Guardian Signature: _____ Date: _____

USE OF PICTURES AND/OR VIDEO

*I give permission for pictures and/or video of my child (named above) engaged in activities related to the parish or Diocesan event to have their pictures posted in **Church of the Holy Family** the Diocese of Richmond publications or websites. Names of participants **will not** be used without expressed permission from the parent or guardian. If no box is checked below, the Diocese of Richmond assumes you give permission.*

YES NO Parent/Guardian Signature: _____ Date: _____

Youth Code of Behavior

The purpose of EDGE is to provide an environment for young Catholics to learn, grow, and understand more about their Catholic Faith by growing in their relationship with Jesus Christ. In order to carry out this mission, we ask each youth and parent to read, sign, and follow the Code of Behavior.

- I will represent the Catholic Christian community through my language, dress and behavior.
- I agree to respect the rights and property of others.
- I agree to respect EDGE Core Team Catechists
- I will participate in all planned activities and small group sessions.
- I will not use my cell phone during EDGE
- I will not leave the church grounds without adult supervision.
- I will build new relationships with my small group members, peers, and core team members.
- I will refrain from inappropriate touching and verbal harassment.
- I will not take part in any form of bullying which includes (one or more students seeking to have power over another student through the use of verbal, physical or emotional harassment, intimidation, or isolation).
- Be safe. No horseplay or other potentially harmful actions.
- I will help keep the church and classrooms clean and pick up any trash if I see it, even if it is not my own.

YOUTH

I have read, understand and agree to follow the Code of Behavior outlined above. I will also encourage other group members to live by these rules.

(Print name) _____

(Signature) _____ Date _____

Parents

- I have read, understand and agree to the Code of Behavior for my son/daughter.
- I will actively participate within the life of the Church (attend Sunday Mass weekly, attend Holy Days of obligation Mass, pray and encourage my family to pray, learn more about my Catholic faith through **lifelong formation**)
- I will stress the importance of making and attending Mass a priority over other scheduled activities.

(Print name) _____

(Signature) _____ Date _____