



2016-2017 EDGE REGISTRATION

CHILD SPECIFICS

FULL NAME: _____ GRADE: _____ T-SHIRT SIZE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

BIRTHDAY: _____ SCHOOL: _____ GENDER: _____

HOME PHONE: () _____

I GIVE MERCY PERMISSION TO TEXT MY DAUGHTER/SON REMINDERS ABOUT UPCOMING EVENTS AND TRIPS: YES / NO

IF YES: CELL () _____

PARENT SPECIFICS

FATHER'S NAME: _____ PHONE: _____

EMAIL: _____

MOTHER'S NAME: _____ PHONE: _____

EMAIL: _____

EMERGENCY CONTACT NAME and # _____

I WOULD LIKE TO SPONSOR A TEEN / SUPPORT LIFE TEEN BY MAKING A DONATION OF: \$10 _____ \$20 _____ \$50 _____ Other _____

I am interested in Chaperoning trips: YES / NO

I am interested in helping provide meals for EDGE Nights: YES / NO

SPECIAL NEEDS [if applicable] ****CONFIDENTIAL****

SPECIAL NEED: _____

DESCRIBE ANY ALLERGY, CHRONIC ILLNESS OR OTHER CONDITIONS:

MODEL / SOCIAL MEDIA

I hereby grant permission for my Teen to be photographed and/or videotaped during EDGE activities and events. I understand that my Teen may decline to be photographed and/or videotaped at any time. I further grant permission for the resulting photographs and/or videotaped footage to be edited, if necessary, and then published and/or broadcast for the purpose of promoting EDGE and/or youth programs at Our Lady of Mercy Catholic Church. I hereby grant permission for my son/daughter to be contacted via social media sites such as parish websites, Facebook, Twitter, Vine, Instagram, Vimeo and YouTube for the purpose of promoting EDGE and/or youth programs at Our Lady of Mercy Catholic Church and/or to proclaim our faith that Christ is God, the Savior of humanity and of history, the one in whom all things find their fulfillment. I understand that my son or daughter may decline to be contacted at any time.

Name of Child: _____ Permission Given: _____ Permission Not Given: _____

Parent Signature _____ Date _____

*Registration is \$40. Please pay cash or make checks out to Our Lady of Mercy.