



Circle Grade: 6th, 7th, 8th

Youth Name

(First) (Middle) (Last)

Prefers to be called Date of Birth Male Female

Primary Family Email Primary Phone

Address

City & State Zip Code

PARENT/GUARDIAN INFORMATION

Mother/Guardian's Information

Name Maiden Name (Required)

Cell# Email

Religion Relationship to Child (if not parent)

Father/Guardian's Information

Name

Cell# Email

Religion Relationship to Child (if not parent)

SACRAMENT VALIDATION

Was this child ...

Baptized at St. Joseph, Cabot? Yes No

Baptized in the Catholic Church? Yes No

Name of Parish City State

~If not, was your child baptized in another faith? Yes No

Received First Holy Communion/Eucharist? Yes No

Received First Reconciliation/Confession? Yes No

Confirmed in the Catholic Church? Yes No

(Please see other side)

MATERIAL FEE

Please include the \$50 material fee with this form. The material fee covers the cost of curriculum and supplies throughout the year. If this payment presents a hardship for your family, please notify the Coordinator of Edge. **No youth will ever be turned away due to financial hardship.**

Check – Amount: \$ _____ Check # _____ *Make checks payable to “St. Joseph Church”*

MEDICAL INFORMATION

In case of emergency, please contact:

Name _____ Phone _____ Relationship _____

Does your child have any special needs due to a learning disability, physical disability, reading difficulty, hearing impairment, emotional problem, or any other reason? (including, but not limited to ADD, ADHD, Schizophrenia, Bi-polar, etc.)

NO ____ YES ____ List: _____

Describe any allergy, chronic illness or other conditions:

Does your child take any medications? NO ____ YES ____ List: _____

MEDICAL AUTHORIZATION

In the event of any injury or illness to my child during his/her participation in this program, I hereby give my permission for the necessary medical treatment to be given to my child. I, for myself, for my child, our respective heirs, and my/our respective legal representatives, do hereby indemnify and hold harmless any representative of St. Joseph Catholic Church and from any and all claims, demands, and courses of action of whatever kind and nature for their actions taken pursuant to this authority.

I agree that in case of injury to my child, I will apply my/our hospitalization and/or accident insurance toward payment of the expenses incurred and will not look to the Edge Coordinator, St. Joseph Church, the Catholic Institute or the Roman Catholic Diocese of Pittsburgh for payment of any medical costs or injury related costs.

Signature: _____ Date _____

PHOTOGRAPH/VIDEO/IMAGE RELEASE

I **grant** to St. Joseph Church the right to take photographs of my child in connection with Edge. I authorize St. Joseph Church, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that St. Joseph Church may use such photographs of my child with or without their name and for any lawful purpose, including such purposes as publicity, illustration, advertising, and Web content.

Signature: _____ Date _____



Love. Grow. Serve.