



Registration Form (grades 6th, 7th, & 8th)

EDGE will be meeting Tuesdays, 6:30-7:45 pm in the Social Hall, beginning August 17, 2010
Summer Program Begins Tuesday, June 22 in the Event Center (school gym)

Student Information

(One form per student)

First Name		Last Name	
Date of Birth		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address (street, city, zip)			
Home Phone		Cell Phone	
E-mail			
School you attend		Grade	<input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8
Parish Registered		Parish Attended	
Mass most attended	<input type="checkbox"/> 5:15 <input type="checkbox"/> 8 <input type="checkbox"/> 9:30 <input type="checkbox"/> 11 <input type="checkbox"/> 1 <input type="checkbox"/> 6	Sacraments Received	<input type="checkbox"/> Baptism <input type="checkbox"/> Reconciliation <input type="checkbox"/> Eucharist <input type="checkbox"/> Confirmation

Sacraments Needed: _____

*please note: it takes two consecutive years to prepare for sacraments.

If you are preparing to receive sacraments, please circle what year of preparation you are in:

First Year Sacrament Prep

Second Year Sacrament Prep

Family

Youth Lives With: Mother and Father Mother Father

Other: _____

Siblings (Name, Age, & Grade): _____

Mother	
Full Name	
Religion	
Work Phone	
Cell Phone	
E-mail	

Father	
Full Name	
Religion	
Work Phone	
Cell Phone	
E-mail	

Parent Life

I am interested in becoming a member of the support team and help in the following area(s):

Provide Food Chaperon at an Event Be a Driver Set Up / Clean Up

Sorry, I am unable to commit to any volunteer services at this time

Turn over and complete.

Please include emergency form and a copy of Baptism if preparing for sacraments.

<p>Please note that the annual \$50 registration fee will go towards administrative and operational expenses for middle school program. If you have any concern about the fees, please contact the pastor or me. Please do not let financial concerns stand in the way of registering your child or children. Thank you for your support.</p>	<p style="text-align: center;">For Office Use Only</p> <p>fee Paid: <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None Check # _____ Date: __/__/__</p> <p>Bap. Cert. _____ 1st com. Cert. _____</p>
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**** Please Note: if your youth will be in 2nd Year Sacrament Preparation, an additional fee of \$25 will be required to cover the expense of materials for their sacrament preparation class.**

Parental Agreement

In Signing this form, I acknowledge that the information I have given is accurate. I agree to direct my child to cooperate with the rules and instructions of the ministry and parish. In the even that my child consistently misbehaves and/or acts inappropriately, I agree to be contacted by the youth leader and pick up my child from the event. If the problem continues to persist, I understand that my child may be removed from the program for the remainder of the year.

Parent / Guardian Signature: _____	Date: _____
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Youth Survey

To be filled out by middle school youth:

Sports / Hobbies		What do you do for fun?	
School Clubs		Memberships (scouts, etc.)	
Favorite TV Shows		Favorite Food	
Hang Out Spots		Favorite Movie	
Favorite thing to do		Favorite Color	
Personal Goals		T-Shirt size	S M L XL XXL
How Do You Spend Your School Vacations?			
What do you like more?	<i>The Ocean</i> or <i>The Mountains</i> ;	Rain	or Sunshine
What do expect to learn by coming to EDGE?			

St. Anthony of Padua
5770 N Maroa Ave.
Fresno, Ca. 93704
 Phone: 559-439-0124 x110 Fax: 559-439-3050
 Email: Sarah Moreno: smoreno@stanthonyfresno.org

DIOCESE OF FRESNO ANNUAL PARISH CONSENT FOR EMERGENCY MEDICAL TREATMENT, PARISH ACTIVITIES PERMISSION, AND RELEASE OF LIABILITY FORM

*****THIS FORM MUST BE COMPLETED AND RETURNED AT THE TIME OF REGISTRATION*****

TO THE PARENT/LEGAL GUARDIAN: You must give permission on this annual form for your child to attend and participate in parish-sponsored events and activities during this calendar year. You will also be required to sign permission forms for your child to participate in specific parish-sponsored events, activities, and sports conducted off parish grounds.

Name of Child:	Year: 2010-2011
Name of Parent(s)/Guardian(s):	Parish Name: St. Anthony of Padua

** I, the undersigned parent or guardian, voluntarily wish to give permission for and request that my child be allowed to attend and participate in parish-sponsored events and activities during this calendar year including those conducted off parish grounds. My child is physically fit and capable of participation in parish events and activities. I agree to direct my child to cooperate and conform with directions, instructions, and rules given by parish personnel or agents, chaperones, or diocesan personnel responsible for all parish events and activities. If requested, I will sign a permission and release form for each specific event or activity conducted off parish grounds. I reserve the right not to have my child participate in parish-sponsored events.

** I understand that participation in parish-sponsored events and activities, including those off parish grounds, involve some risk (including any travel to and from these events or activities) and that unforeseen events can occur. I am informed and agree that transportation, if involved, may be provided by parents, other private individuals, or commercial operators who are believed to be reliable and insured, but are not under the supervision or control of the parish.

** In exchange for permitting my child to participate in the parish's activities, I waive and give up all claims (and the right to file a lawsuit) which I or my child (and our successors, heirs, and assigns) may have against the parish and Diocese of Fresno. I release and discharge the parish and Diocese of Fresno from all liability or responsibility from death, illness, personal injury, or property damage arising out of the parish activity and any transportation involved with the parish activity.

** **In the event of an emergency**, and if the parish is unable to contact me, I authorize parish personnel or other adult leadership of a parish-sponsored event or activity, at my expense, to secure and consent to x-ray examination, medical, dental, or surgical diagnosis, treatment, and hospital care advised and supervised by a duly licensed physician, surgeon, or dentist. I expect to be contacted as soon as possible. I agree that if emergency medical or dental services are required for my child, the Diocese of Fresno will not be responsible to pay for any medical or dental expenses.

** This permission, waiver, release, and consent applies to the parish named, and to The Roman Catholic Bishop of Fresno (a corporate sole), the Diocese of Fresno, Diocese of Fresno Education Corporation, all Diocese of Fresno schools, all parishes, affiliated organizations, and their officers, clergy, agents, and employees.

(Continued on reverse side)

** This waiver and release form is signed in order for my child to participate in the parish's events and activities for my child's own personal enjoyment and benefit and is done so freely with full knowledge of the risk and dangers that are or may be involved.

** I authorize any hospital which has provided treatment to the above named minor pursuant to the provisions of Family Code section 6910 to surrender physical custody of such minor to the diocesan or parish representative upon the completion of treatment. This authorization is given pursuant to Health and Safety Code section 1283.

**** The following information is provided for the benefit of the parish:**

Daytime Phone Number(s) of Parent/Guardian	Nighttime Phone Number(s) of Parent/Guardian
Pager/Cell Phone Number(s)	Child's Date of Birth
Emergency Contact Other Than Parent/Guardian	Phone Number(s)
Allergies (food, drugs, insects, etc.)	
Medications (name, dosage, reason)	
Other information or specific health/physical considerations (Attach extra sheet if necessary)	
Insurance Carrier	Insurance Group or ID Number
Name of Child's Doctor	Phone Number
Name of Child's Dentist	Phone Number
Name of Child's Orthodontist	Phone Number

I, the undersigned, have read this release and understand all of its terms. I request that my child be allowed to participate in the parish's events and activities. I execute this form voluntarily and with full knowledge of its significance. I have discussed the above with my child, and my child is aware of and understands the importance of following all rules set out for the parish's events, activities, or sports. A copy of this form shall be as valid as the original authorization and may be given to the adult leader of the events, activities, or sports.

Signature of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

FOR OFFICE USE ONLY: Date Release Received **Received By**

EDGE

Middle School Youth Ministry

Authorization to Publish Pictures

To grant permission to use pictures of you and your middle school youth on the church web site and/or church bulletin, please fill out this form and sign below. Individual pictures of youth will not be published. Also, no names will accompany any photos used on the web site.

I, _____ (print your name) grant permission for St. Anthony of Padua Church to publish pictures of me and/or my middle school youth, _____ (print your child's name) on the church's web site or in the church's bulletin. I understand that if I give notice the Youth Minister of EDGE Middle School Youth that I object to any particular picture of me or my middle school youth on the web site, it will be removed as soon as possible. I understand that neither I nor the middle school youth named above will be paid any royalty or other compensation for the publication of pictures.

I further state that I have the right to grant this permission as I am the middle school youth's parent or legal guardian.

Signature _____ Date _____