SAINT BRIGID CATHOLIC CHURCH
EDGE@home REGISTRATION FORM 2020-2021

FEES: 1 child $125 / 2 children $225

STUDENT NAME: _____ **Goes by:** _____
Last *First*

Date of Birth: _____ Male ☐ Female ☐

Grade _____ School _____

Mailing Address: _____

Parent E-mail Address: _____

Student E-mail Address: _____

Father's Name: _____ Father's Cell: _____

Mother's Name: _____ Mother's Cell: _____

Emergency Contact phone _____ Relationship to student: _____

EDGE@home Zoom Groups (Optional) ***check the grade if your child would to join a Zoom Group***

☐ 6th Grade—Monday 6:00 - 6:30
☐ 7th Grade—Monday 7:00 - 7:30
☐ 8th Grade—Tuesday 6:00 - 6:30

Please list any Health Concerns/Allergies/Special Needs:

_____

Parent/Guardian Permission to Contact and Media Release

_____I give permission for the Saint Brigid Youth Ministry staff and adult volunteers to contact my teen via: e-mail, text, Instagram, Facebook, Twitter and other social media when it pertains to EDGE.

_____I give permission for my child to participate in online meeting platforms such as but not limited to ZOOM, Goggle hangout, Microsoft Teams. I understand these meetings will be recorded.

_____I understand that promotional pictures (individual or group) will be taken at EDGE events. I give permission for my teen's pictures to be used for promotional materials (permission slips, newsletter, webpage, calendars, parish bulletin, social media, etc.) highlighting the event.

Notice of Training for the Protection of Children from the Archdiocese of Atlanta

_____I hereby grant my approval for my child to attend the Archdiocesan training which will be conducted at one of the EDGE nights ***-OR-***

_____I decline to grant approval for my child to attend the Archdiocesan training, but understand that as the primary educator of my child the Church requests that I certify that I have provided such training to my child within the family. *http://www.archatl.com/ministries-services/safe-environment/grades-k-12/*

Parent Signature _____

SAINT BRIGID youth
YOU ARE LOVED
JOHNS CREEK • GEORGIA

Catholic Archdiocese of Atlanta
Saint Brigid Catholic Church
May 2020- May 2021
Annual Medical Release

EDGE®
Catholic Middle School Ministry

Name of Student:_____Date of Birth:_____
Address:_____

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical attention. I wish to be advised prior to any further treatment by the doctor and hospital. If you are unable to reach me, contact:

Emergency contact _____ Phone # _____
Relation to participant _____

If you are unable to reach parent/guardian or the emergency contact person, I hereby grant permission for the doctor and hospital to exercise professional judgment in treating participant.

Medical / Hospital Insurance Carrier _____
Name of Policy Holder _____ Relation to participant _____
Policy Number _____ Group Number_____

Father/Guardian's full name:_____

Phone #:_____ Cell # _____

Home address:_____

Place of business/address:_____

Mother/Guardian's full name:_____

Phone #:_____ Cell # _____

Home address:_____

Place of business/address:_____

Medications: My child is taking the following medication(s):

Description _____ Dosage _____
Description _____ Dosage _____

(Either a physician's prescription or parent note must accompany all medications. Prescription /note should be attached to this form.)

I hereby grant permission for non-prescription medications to be given, if deemed appropriate.

Drug allergies _____
Other allergies / reactions (food, plants, insects, etc.) _____
List any other health problems / limitations that we need to be aware of _____

Signature of Parent / Guardian _____ **Date** _____