



SAINT BRIGID CATHOLIC CHURCH
EDGE REGISTRATION FORM 2023-2024



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EDGE is on SUNDAY nights
6:00 — 7:45

FEES: 1 child—\$125 or 2 children \$225

FAMILY NAME: _____

Emergency Phone Number: _____ Relationship to student: _____

Mailing Address: _____

Phone: _____ Email Address: _____

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

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

STUDENT NAME: _____

Last

First

Goes by

Date of Birth: _____ Male _____ Female _____

Grade _____ School _____ T-Shirt Size (adult sizes) S M L XL

Health Concerns/Allergies/Special Needs: _____

Notice of Training of Children under the Updated Policy of the Archdiocese of Atlanta Concerning the Protection of Children and Vulnerable Individuals

_____ I hereby grant my approval for my child to attend the Archdiocesan training which will be conducted at one of the EDGE nights

_____ 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/GUARDIAN CONSENT

_____ 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.

_____ 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 forms of social media when it pertains to youth ministry.

Parent Signature _____

By policy, the churches in the Archdiocese of Atlanta maintain parishes and parish-sponsored events which are both drug and weapon free.