



St. Francis Xavier Youth & Young Adult Ministry

EDGE Registration Form

We will be communicating by e-mail whenever possible

YOUTH'S FULL NAME _____(YOUTH'S CHINESE NAME)_____
BIRTH DATE _____ GENDER _____ GRADE _____ SCHOOL _____
BAPTISMAL DATE _____ CHRISTIAN NAME _____
YOUTH'S E-MAIL ADDRESS _____
NAME & AGE of SIBLINGS _____

Youth has not been baptized in the Catholic Church _____
I would like to discuss baptism and /or sacrament preparation for our child _____
Register at St. Francis Xavier Parish <input type="checkbox"/> YES <input type="checkbox"/> NO

Family's Last Name _____	Home Phone Number _____
Address _____	City, Postal Code _____
Father's Full Name _____	Mother's Full Name _____
Father's Cell Phone _____	Mother's Cell Phone _____
Father's e-mail _____	Mother's e-mail _____

The EDGE meets every Friday evening during school year from 7:30 – 9:30pm

Annual Fees: (Sept to Aug)

\$35 – 1st child in EDGE or Lifeteen
\$30 – 2nd child in EDGE or Lifeteen
\$20 – 3rd child in EDGE or Lifeteen
Free – 4th child in EDGE or Lifeteen

Check # _____ Cash _____ Date _____

The EDGE is the Middle School Youth Ministry of Life Teen.
To learn more about The EDGE ministry, visit www.lifeteen.com.





St. Francis Xavier Youth & Young Adult Ministry

Annual Parental Consent and Release Form – for youth under the age of 19

Please print carefully

NAME of YOUTH: _____ YOUTH'S CHINESE NAME: _____

EMERGENCY CONTACT PERSON: _____ RELATIONSHIP: _____

PHONE #: _____ ALTERNATE PHONE #: _____

I grant permission for my child _____ (full name of youth) to attend and participate in parish and archdiocesan youth ministry events, activities on and off parish grounds or travel by means of private or public transportation from **September 15, 2011 through September 14, 2012**. I represent to you that my child is physically and mentally able to participate in these activities.

While SFX Youth & Young Adult Ministry adult leaders strive to maintain a safe environment, I realize that accidents can happen and have instructed my child to follow common sense safety, e.g. staying in designated area, fastening his/her seatbelt, etc. and that he/she is responsible for his/her actions during activities. I hereby authorize responsible personnel to obtain and administer proper medical treatments should it become necessary. Should it be necessary for my child to return home due to medical reasons or otherwise, I shall assume all transportation costs.

As parent, I understand that pictures and video will be taken during some events. I give permission for my child's pictures to be used on RCAV, SFX parish websites, newsletters, brochures, and Youtube private listings.

RELEASE OF LIABILITY:

I further agree, in consideration of St. Francis Xavier Parish's sponsorship of beneficial youth programs, to release St. Francis Xavier Parish at 428-438 Great Northern Way, Vancouver, BC, Roman Catholic Archdiocese of Vancouver, their pastors, and all of their employees, directors, administrators, youth ministers and volunteers from all liability in case of damages or losses resulting from accidents or injuries that are caused by or may arise from my child's participation in the events, and travel to and from the events.

I UNDERSTAND THAT THIS IS A LEGAL AGREEMENT that is binding upon myself and my spouse and our heirs, executors, administrators, successors and assigns. I HAVE READ AND UNDERSTAND THE TERMS OF THIS AGREEMENT and I ACKNOWLEDGE THAT by signing this agreement voluntary, I am agreeing to abide by its terms and I am waiving certain legal rights that I or my child may have.

Medical Information

Medical condition that requires special attention _____

Allergies: (food, medication, plants, etc.) _____

Medication that youth is taking regularly _____

Father's OR Mother's Signature

Date

Print Name