

SACRED HEART CATHOLIC CHURCH



REGISTRATION FORM FOR 2021/22 SCHOOL YEAR

Middle School Grades: 6-8th

Location: PAC (Gym and CYM Room)

Meeting Times: Wednesdays 6-8PM

Registration Fee: This is a free ministry for the middle schoolers in our parish.

Special Events: See Calendar for details

FAMILY INFORMATION (Please print clearly)

Registered in this Parish? Y N Which Mass do you attend? **Sat.** 5PM **Sun.** 9AM 11:45AM 2PM

Last Name: _____ Mailing Address: _____

PARENT/GUARDIAN INFORMATION

Relationship to Youth: _____

Relationship to Youth: _____

Name: _____

Name: _____

Cell Phone: _____

Cell Phone: _____

Religion: _____

Religion: _____

Primary email to contact parent: _____

Contact phone during Edge Nights (Wednesdays 6-8PM): _____

STUDENT INFORMATION

Student's Last Name, if different: _____

Resides With: Mom Dad Both

Please list all HIGH SCHOOL students in your residence from oldest to youngest.

Name:	Email:	Teen's Cell:	Grade:	DOB:	M or F:	School:

What school or Church activities is your teen involved in or interested in doing?

Which of these Sacraments has your teen received? (please circle) **Baptism** **Holy Communion**

Does your teen have any allergies or other special needs? If so, please list.

OFFICE USE ONLY

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PHOTO RELEASE

I hereby grant permission for photographs taken of me at this event to appear on one of the communication mediums of my Parish and/or the Diocese of Savannah (bulletin, newsletter, website, Southern Cross, etc.) I understand that these images will be used only in relation to these publications and this event. Any other use of said images will require my full consent.

Signature:

Date:

LIABILITY WAIVER, MEDICAL, TRANSPORTATION, & CONSENT

I voluntarily agree to allow my child to participate in Sacred Heart Edge. I understand there are games and activities involved, and there are risks associated with said activities. These activities will take place under the guidance and direction of employees/volunteers of Sacred Heart Church. I also understand that my child's participation may require transportation to/from event sites, and this transportation is arranged by the organization leaders. I agree to hold harmless and defend Sacred Heart Parish, its officers, directors, employees and agents, and the Diocese of Savannah, its employees and agents, chaperones, or representatives associated with the event, from any claim arising from or in connection with my attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate my parish/school/organization names above, its officers, directors and agents, and representatives associated with the event, for reasonable attorney's fees and expenses which they may incur in any action brought against them as a result of such injury or damage.

Signature:

Date:

EMERGENCY CONTACT INFORMATION

Name:

Relationship:

Address:

Phone:

ATTN PARENTS - HELP IS NEEDED

We are in need of many parents to help raise funds this year to bring down the cost of off campus events. If your teen hopes to attend any of these, please consider offering your assistance. We will also need a Life Teen Fundraiser Leader! Please **circle any areas below** you are willing to serve..

Fundraising
Chaperone
Driver (Virtus)

Food & Refreshments
Decorations
Assist with Service Project (Virtus)
Host home for Event (Virtus)