

**St. Charles Church – San Carlos, CA
EDGE Registration Form 2017-2018**

Each Edger must have a separate Registration form ...BOTH SIDES must be completed!

Student's Name _____ Gender _____
First/Middle/Last

Grade _____ Age _____ Date of Birth _____ School _____

Home Address _____
Number/Street City Zip

Parent/Guardian's Full Name _____ Home Phone _____

Cell Phone _____ Work Phone _____

Parent/Guardian's Full Name _____ Home Phone _____

Cell Phone _____ Work Phone _____

Email Addresses you would like to place on the Edge email list:
(for information and updates about the Edge and important things happening at St. Charles)

Please -- print email addresses slowly and clearly.

Email: _____

Email: _____

Email: _____

Date of Baptism: _____

Baptized at St. Charles? Yes No

If not: Place of Baptism: _____
Church/City/State/Country Date

If not baptized at St. Charles, do we have your baptismal certificate on file? Yes No
(i.e. you gave it to us at First Communion or with enrollment in our elementary age Faith Formation Program or in a previous year of the Edge)

If we do not already have it, please attach a copy of your baptismal certificate.

Place and Date of 1st Penance: _____
Church/City/State Date

Place and Date of 1st Eucharist: _____
Church/City/State Date

Fee: \$115.00 (Make checks payable to *St. Charles Church*)

Financial concerns should never prohibit participation in the Edge Program. Please contact Tami (info below) if you need to request a scholarship. Families with three or more children enrolled in our programs at St. Charles should contact Tami for a discount.

Please return ORIGINAL registration form (*BOTH SIDES COMPLETED/SIGNED*), with fee to the parish office or mail to:

St. Charles Church - Edge Program
880 Tamarack Avenue
San Carlos, CA 94070

Questions? Contact Tami Palladino, Youth Ministry Coordinator:

tami@stcharlesparish.org

591-7349 ext. 405

St. Charles Church – San Carlos, CA
EDGE Youth Ministry Program - Grades 5 - 8
Permission/Acknowledgment /Emergency Information - 2017-2018

Permission/Acknowledgement

- I give permission for my child to participate in EDGE Program activities/classes during the 2017-18 school year. I agree to direct my child to cooperate and conform to the directions of the personnel responsible for EDGE Program activities/classes.
- I agree, to the extent permitted by law, that in the event my child is injured as a result of his/her participation in the above-named activity, whether or not caused by the negligence (active or passive) of St. Charles Parish, or any of its agents or employees, recourse for the payment of any resulting hospital, medical, or related costs and expenses will first be had against any accident, hospital or medical insurance, or any available benefit plan of mine or of my spouse.
- I am not aware of any medical condition of my child which would render it inappropriate for him/her to participate in any such activity.
- I hereby give permission to the physician selected by the youth activities supervisory personnel then present to render medical treatment deemed necessary and appropriate by the physician.
- Further, I hereby waive any and all rights to, or compensation for, any photographs, videotapes, motion pictures, recordings, or any other record of this event or activity which may be made by St. Charles Parish and affiliate organizations.

PARENT/GUARDIAN NAME: _____ SIGNATURE: _____ DATE: _____
(Please print)

PARENT/GUARDIAN NAME: _____ SIGNATURE: _____ DATE: _____
(Please print)

Medical Information: **----- PLEASE PRINT LEGIBLY-----**

Child's Name _____ Age: _____

Family Physician _____ Phone _____

Family Dentist _____ Phone _____

Insurance Carrier _____ Policy # _____

Allergies _____ Medications _____

Other information (*including restrictions on activity, health conditions*) of which we should be aware:

Parent/Guardian Contact:

Name: _____ Phone: _____

Name: _____ Phone: _____

Emergency Contact: (*please list 2 people who may be called in case you can't be reached*)

| | | |
|------|-----------------------|-------|
| Name | Relationship to child | Phone |
|------|-----------------------|-------|

| | | |
|------|-----------------------|-------|
| Name | Relationship to child | Phone |
|------|-----------------------|-------|

Please be sure to complete BOTH SIDES of this form. ORIGINAL must be submitted, with fees, by 4-15-17