

**Saint Michael the Archangel EDGE Program**  
**2021-2022 Academic Year Registration Form**  
**Complete front and back of form and return to the Life Teen office**  
**\*\*\*Cost: \$25.00 for Yearly Supplies\*\*\***

Fill out completely (**front and back**) so we may use this information for all future events your child attends during the 2021-2022 academic year. Please return form to the LIFE TEEN office or drop box outside the RE door with a **check for \$25.00 made payable to St. Michael the Archangel, write your teen's name in the memo line and write "ATTENTION: EDGE" on the envelope.**

Teen Name \_\_\_\_\_

Address \_\_\_\_\_ Age \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ **T-shirt Size** \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone # \_\_\_\_\_

Parent's E-Mail \_\_\_\_\_ School \_\_\_\_\_ **Grade** \_\_\_\_\_

Father/Guardian Name \_\_\_\_\_ Home Phone # (\_\_\_\_) \_\_\_\_\_

Address (if different) \_\_\_\_\_ Work Phone# (\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Cell Phone# (\_\_\_\_) \_\_\_\_\_

Mother/Guardian Name \_\_\_\_\_ Work Phone # (\_\_\_\_) \_\_\_\_\_

Address (if different) \_\_\_\_\_ Home Phone# (\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Cell Phone# (\_\_\_\_) \_\_\_\_\_

Siblings \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Phone#: (\_\_\_\_) \_\_\_\_\_ Is your teen an 8<sup>th</sup> grader? Yes \_\_\_\_\_ No \_\_\_\_\_

**PARENTAL CONSENT (signature required)**

1. The undersigned does hereby give permission for our (my) child to attend and participate in activities such as skating, bowling, movies etc. sponsored by the St. Michael the Archangel EDGE Program.
2. We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any licensed physician or dentist.
3. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered.
4. I hereby grant permission for non-prescription medication to be given, if deemed appropriate.
5. Should it be necessary for our (my) child to return home due to medical reasons, behavioral reasons, or otherwise, the undersigned shall assume all transportation costs.
6. The undersigned must provide transportation to and from all St. Michael the Archangel EDGE activities.

\_\_\_\_\_  
 Father or Guardian Date

\_\_\_\_\_  
 Mother or Guardian Date

**Please provide the following information and a copy (both sides) of the teen's insurance card:**

Medical/Hospital Insurance Carrier \_\_\_\_\_

Name of Policy Holder \_\_\_\_\_ Policy/Group Number \_\_\_\_\_

Address and Phone # of Carrier \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Medications \_\_\_\_\_ Date of last tetanus immunization \_\_\_/\_\_\_/\_\_\_

Food or Drug Allergies/Medical  
Conditions \_\_\_\_\_

**EDGE CONTRACT (SIGNATURE REQUIRED)**

I understand that by requesting to go on EDGE trips, I am promising to cooperate with the EDGE staff, Priest, core members, and other teens throughout the trip. I promise to follow all instructions and rules. I understand that smoking/vaping on any trip is not allowed. I agree that I will not bring or use any illegal drugs or alcohol.

\_\_\_\_\_  
Teen

\_\_\_\_\_  
Date

**EDGE Information:**

Is there anything you would like to share about your child to help us get to know them better? \_\_\_\_\_

Extra Curricular Activities \_\_\_\_\_

Hobbies/Interests \_\_\_\_\_

Favorite Music Group/Singer \_\_\_\_\_

Church Ministries Involved In \_\_\_\_\_

Special Friend at EDGE \_\_\_\_\_