|  |  |
| --- | --- |
| Transfiguration of our lord Church  EDGE Registration Form 2018  Kick-off: Friday October 19th, 2018 at 7:00pm | **EdgeLogo_H_W.jpg** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PARTICIPANT INFORMATION** | | | | | | | | | | | | | | |
| **Full Name** |  | | | | **Grade** | |  | | | **Age** | |  | | |
| **Street Address** |  | | | | | | | | | | | | | |
| **City** |  | | **School** | | |  | | | | | | | | |
| **Phone** |  | | **E-mail Address** | | |  | | | | | | | | |
| **Cell Phone** |  | | **T-Shirt Size (Adult)** | | | **S** | | **M** | | | **L** | | | **XL** |
| **Mothers Name** |  | | **Emergency Contact** | | | **Name:** | | | | | **Phone:** | | | |
| **Fathers Name** |  | | **Date of Birth** | | | **D: M: Y:** | | | | | | | | |
| **Does your child carry an Epi-pen?** | | | **Yes No** | | | **Gender: Male Female** | | | | | | | | |
| **Medical Conditions or Allergies:**  **Medical Conditions or Allergies:** | | | | | | | | | | | | | | |
| **PERMISSION** | | | | | | | | | | | | | | |
| I/we understand that reasonable precaution will be taken to safeguard the health and safety of the participant and that the designated emergency contact person will be notified as soon as possible in case of emergency. In the event of any sickness or accident person(s) will not hold Transfiguration of Our Lord Church, the archdiocese of Toronto, any volunteer or chaperone responsible. | | | | | | | | | YES | | | | NO | |
| I/we authorize and consent that emergency treatment be rendered under the general or specific supervision and on the advice of any physician, dentist or surgeon; licensed to practice in the Province of Ontario. The undersigned understands and agrees that any medical, dental or hospital expense incurred shall be at their own expense. The undersigned understand (s) every effort will be made to notify the emergency contact in the event that treatment is necessary. | | | | | | | | | YES | | | | NO | |
| In signing this I am granting my youth permission to participate at EDGE at Transfiguration of Our Lord Church, 45 Ludstone Drive, Etobicoke, Ontario. | | | | | | | | | YES | | | | NO | |
| I understand my son/daughter’s photograph and/or likeness and name may be used in future promotion whether that be a parish publication, website, or video publication. | | | | | | | | | YES | | | | NO | |
| Please ensure that you come inside to pick your child up at the end of the EDGE Night. | | | | | | | | | YES | | | | NO | |
| **SIGNATURE** | | | | | | | | | | | | | | |
| **$50 Registration Fee** | | **Office Use Only: Paid Not Paid Signature:** | | | | | | | | | | | | |
| **PARENTAL SIGNATURE** | | | | | | | | | | | | | | |
| **Signature** | | | | **Date** | | | | | | | | | | |
| If you have any questions or inquiries, email Ivan Skoko at  transyouthministry@gmail.com or visit **www.transchurch.ca** | | | | | | | | | | | | | | |