



## 2019-2020 Registration

### CHILD SPECIFICS

FULL NAME (print): \_\_\_\_\_

GRADE: \_\_\_\_\_ TSHIRT SIZE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

ADDRESS (Street address, City, State, Zip): \_\_\_\_\_ STUDENT EMAIL: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

BIRTHDAY: \_\_\_\_\_ SCHOOL: \_\_\_\_\_ GENDER: \_\_\_\_\_

### PARENT SPECIFICS

FATHER'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

EMERGENCY CONTACT NAME & NUMBER: \_\_\_\_\_

The \$20 registration fee was given as:

check     cash     online

**SPECIAL NEEDS [If applicable]**

**\*\*CONFIDENTIAL\*\***

SPECIAL NEEDS: \_\_\_\_\_

DESCRIBE ANY ALLERGY, CHRONIC ILLNESS OR OTHER CONDITIONS: MEDICATIONS: NO YES LIST:

\_\_\_\_\_

### MEDICAL LIABILITY WAIVER

I, \_\_\_\_\_ (name), give permission to my son/daughter, \_\_\_\_\_ (child's name), to participate in all youth group related activities and trips through Our Lady of Mercy. If needed for health reasons, I give permission for my child to be evaluated, diagnosed, treated, and/or given medication in accordance with standard medical practice by appropriate health care personnel. I release Our Lady of Mercy Catholic Church and School and its agents of all responsibility and consequences that may arise as a result of any injury suffered and resulting treatment.

Name (please print) \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

### MODEL / SOCIAL MEDIA WAIVER

I hereby grant permission for my child to be photographed and/or videotaped during EDGE activities and events. I understand that my child may decline to be photographed and/or videotaped at any time. I further grant permission for the resulting photographs and/or videotaped footage to be edited, if necessary, and then published and/or broadcast for the purpose of promoting EDGE and/or youth programs at Our Lady of Mercy Catholic Church and School. I hereby grant permission for my child to be contacted via phone, SMS, and social media sites such as parish websites, Facebook, Twitter, Vine, Instagram, Vimeo and YouTube for the purpose of promoting EDGE and/or youth programs at Our Lady of Mercy Catholic Church and School and/or to proclaim our faith that Christ is God, the Savior of humanity and of history, the one in whom all things find their fulfillment. I understand that my Teen may decline to be contacted at any time.

Permission Given: \_\_\_\_\_ Permission Not Given: \_\_\_\_\_

Name (please print) \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_