



Our Lady of Guadalupe – Helotes
2019-2020 EDGE Registration
Grades 6th thru 8th

(PLEASE PRINT)

Date of Registration: _____

YOUTH INFORMATION

(Child's First Name) (Middle Name) (Last Name & Suffix) (Nickname)

Date of Birth: _____ Gender: _____ Male _____ Female
(mm/dd/yyyy)

My child has received: First Eucharist _____ Yes _____ No
First Reconciliation _____ Yes _____ No

Attending school at: _____ Grade as of Sept. 1st _____

T-Shirt Size: _____ Youth Large _____ Adult X-Small _____ Adult Small
_____ Adult Medium _____ Adult Large _____ Adult X-Large

PARENT INFORMATION

Parents' Names: _____
(Example: John and Jane Smith – Please Print Clearly)

Address: _____
(Street Address & Apt. #) (City) (State) (Zip)

() ()
(Mother's Cell #) (Father's Cell #)

() ()
(Mother's Work #) (Father's Work #)

Email: _____

We are REGISTERED parishioners of O.L.G.-Helotes. _____ Yes _____ No

MINISTRY NOTES			
Registration Fees:	_____ \$85 (1 student)	_____ \$70 for EDGE (1 EDGE/1 Life Teen)	
	_____ \$130 (2 students)	_____ \$110 for EDGE (2 EDGE/1 Life Teen)	
	_____ \$185 (3+ students)	_____ \$0 (Waived for Employee or Volunteer)	
Registration received by:	_____	Receipt #: _____	Posted to ARENA: _____

FOR OFFICE ADMINISTRATOR USE ONLY			
Amount Paid:	_____	Balance Due (if any):	_____
Payment Type:	_____ Cash	_____ Check	_____ Credit Card
		# _____	CC Type: _____ Last 4: _____
Date Fee was Processed:	_____	Dated added to Event Tag:	_____ Admin. Initials: _____

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MEDICAL CONSENT AND PHOTO RELEASE FORM

Child's Full Name: _____

Does your child currently have any known illnesses? _____ Yes _____ No

If Yes, please list illness: _____

Does your child have any known allergies? _____ Yes _____ No

If Yes, please list all food, medication, or environmental allergies: _____

Is your child currently taking any prescribed medication? _____ Yes _____ No

If Yes, please make sure that all prescription medicine is taken by your child BEFORE they arrive at EDGE Night..

Are all your child's immunizations current? _____ Yes _____ No

Does your child have any physical limitations or restrictions? _____ Yes _____ No

If Yes, please explain: _____

In the event of an emergency, please contact:

Name: _____ Relationship to child: _____
Primary #: () _____ Secondary #: () _____

I give permission for my child to be transported to a hospital or doctor's office, if it is deemed necessary?
_____ Yes _____ No

Insurance Carrier: _____ Policy Number: _____

Does Our Lady of Guadalupe's EDGE MS Youth Ministry program have permission to use your or your child's photograph publicly to promote EDGE? _____ Yes _____ No

If Yes, I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.
Parent's Initials: _____

By signing this form, I attest that I am _____'s parent or legal guardian and hereby confirm that all
(Youth's Name)
information on this form is accurate and correct.

Print Your Name

Legal Signature

Date