



EDGE[®]

Catholic Middle School Ministry

EDGE MIDDLE SCHOOL

YOUTH GROUP REGISTRATION FORM

2019-2020

TEEN NAME: _____ BIRTHDAY: ____/____/____

TOWN: _____ STATE: _____

HOME PHONE: (_____) _____ - _____ -

CURRENT SCHOOL: _____

CURRENT GRADE: _____

MEDICAL NEEDS/ALLERGIES: Y / N

IF CHECKED YES PLEASE SPECIFY:

PARENT CONTACT:

MOTHER'S NAME: _____ CELL PHONE: (_____)

FATHER'S NAME: _____ CELL PHONE: (_____)

Email Address: _____

EMERGENCY CONTACT:

Please list an individual and phone number other than any that appear above.

NAME: _____ PHONE: (_____)

RELATIONSHIP TO TEEN: _____

Parent Section

Would you like to (**Check all that apply**)?

- Help plan social/fun events
- Help Plan Fundraisers
- Help out at Middle School Youth Group
- Help out at High School Youth Group
- Lead small groups
- Prepare worship or prayer services
- Plan service projects
- Work on retreats
- Cook food for gatherings/events
- Help setup food/eating areas for gatherings
- Donate resources/money