



PARTICIPANT			
Full Name		Date of Birth	D:      M:      Y:
Street Address		Gender:	Male      Female
City	School	Grade:	
Name of Caregiver(s)			
Phone	Email		
Does your child have any medical conditions or allergies?			
Does your child carry an Epi-pen?      Yes      No			
EMERGENCY CONTACT INFO			
Name:		Phone:	
PERMISSIONS			
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 St. Clement's Parish, the Archdiocese of Toronto, any volunteer or chaperone responsible.		YES	NO
In signing this, I am granting my child permission to participate in Edge Night at St. Clement's.		YES	NO
I agree that 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
<input type="checkbox"/> I understand that I am asked to come inside the parish hall to pick my child up at the end of the Edge Night.			
REGISTRATION FEE			
<b>\$30 per youth (\$50 per family) for the 2025-2026 school year</b> Registration fee can be paid by cash or by cheque (payable to St. Clement's Parish). Please bring the completed form along with the fee to the first Edge Night your child attends.			
SIGNATURE			
Caregiver Signature		Date	