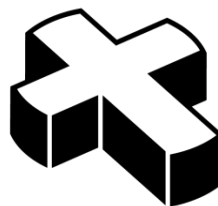


ST. CLEMENT'S PARISH  
 REGISTRATION FORM SPRING 2025  
**Dates:** March 21<sup>st</sup>, April 25<sup>th</sup>, May 23<sup>rd</sup>, June 20<sup>th</sup>  
**Time:** 7:00PM-8:30PM  
**Place:** St. Clement's Parish Hall  
 Grades 5-7



# EDGE

**PARTICIPANT INFORMATION**

<b>Full Name</b>		<b>Grade</b>		<b>Age</b>	
<b>Street Address</b>					
<b>City</b>		<b>School</b>			
<b>Phone</b>		<b>E-mail Address</b>			
<b>Cell Phone</b>		<b>T-Shirt Size (Adult)</b>		<b>S</b>	<b>M</b>
				<b>L</b>	<b>XL</b>
<b>Mother's Name</b>		<b>Emergency Contact</b>		<b>Name:</b>	
				<b>Phone:</b>	
<b>Father's Name</b>		<b>Date of Birth</b>		<b>D: M: Y:</b>	
<b>Does your child carry an Epi-pen?</b>		<b>Yes No</b>		<b>Gender: Male Female</b>	
<b>Medical Conditions or Allergies:</b>					

**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
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 understands every effort will be made to notify the emergency contact if treatment is necessary.	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

I understand that I am asked to come inside the parish hall to pick my child up at the end of the Edge Night.

**SIGNATURE**

**PARENTAL SIGNATURE**

<b>Signature</b>	<b>Date</b>
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Please bring the completed form to the first Edge Night your child attends.