



Student Registration/Information Form

Student Name _____

Grade _____ Date of Birth _____ Age _____

Parish _____ School Attending _____

If your student does not attend a Catholic School, do they attend CCD regularly? Yes No

Parent(s) Name(s) _____

Address(es) _____

Mother's Cell _____ Father's Cell _____

Email Address(es) _____

My child has permission to participate in the Holy Name of Jesus Edge Middle School Youth Group. I agree not to hold the Parish or facilitators responsible for any injury or illness incurred any youth group session. I understand that this form legally releases all obligations and responsibilities for the medical treatment of this student in the event of illness or injury during group related activities when either parent cannot be reached.

Parent Signature _____ Date _____