



Catholic Middle School Youth Ministry

Christ the King

3205 - 60th Street Moline, IL 61265 (309) 762-4634

Registration Form

1st Youth's Full Name _____

Birth Date _____ Gender _____ Grade _____ T-Shirt Size (Adult) _____

School _____

Youth's Email _____

2nd Youth's Full Name _____

Birth Date _____ Gender _____ Grade _____ T-Shirt Size (Adult) _____

School _____

Youth's Email _____

Father's Name _____ Mother's Name _____

Home phone _____ Cell _____

Address _____ City, State, Zip _____

I would be interested in helping as Core Team Member _____

I would be interested in helping as Kitchen Team _____

I would be interested in being a Helper at Edge Nights _____

I would be interested in being a Prayer Warrior for "The Edge" Program _____



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Does your child have any special needs due to a learning disability, physical disability, reading difficulty, hearing impairment, emotional problem, or any other reason?

Name of Child _____ Special Need _____

Describe any allergy, chronic illness or other conditions: _____

Does this child take any medications? NO ____ YES ____ List: _____

My child has no special needs _____

In case of emergency, please contact _____ phone _____

Model Release Statement

I hereby **GRANT** permission for my child to be photographed and/or videotaped during Edge Activities and events. I understand that my child may decline to be photographed and/or videotaped at any time.

I further grant permission for the resulting photographs and/or videotaped footage to be edited, if necessary, and then published and/or broadcast for the purpose of promoting the Edge and/or youth programs at Christ the King, Moline.

Name (Please Print) _____

Signature _____ Date _____

I hereby **DECLINE** to grant permission for my child to be photographed and/or videotaped during Edge activities and events. I have instructed my child to decline to be photographed and/or videotaped at all times. I have further instructed my child to notify Edge coordinators and/or Core Team Members that he/she may not be photographed and/or videotaped under any circumstances.

Name (Please Print) _____

Signature _____ Date _____