



SAINT BRIGID CATHOLIC CHURCH
EDGE REGISTRATION FORM 2024-2025

3400 OLD ALABAMA ROAD, JOHNS CREEK, GA 30022

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«Group #» _____

FEES: 1 child—\$140 or 2 children \$250

STUDENT NAME: Last _____

First _____

Emergency Phone Number: _____ Relationship to student: _____

Mailing Address: _____

Email Address: _____

Phone: _____

Father's Full Name: _____ Father's Cell: _____

Mother's Full Name: _____ Mother's Cell: _____

Date of Birth: _____

Gender: _____

Grade: _____ School: _____

T-Shirt Size AXL AL AM AS

PROGRAM IS HELD ON SUNDAY EVENINGS FOLLOWING THE TEEN MASS 6:00-8:00

Health Concerns/Allergies/Special Needs: _____

Notice of Training of Children under the Updated Policy of the Archdiocese of Atlanta Concerning the Protection of Children and Vulnerable Individuals

_____ I hereby grant my approval for my child to attend the Archdiocesan training which will be conducted at one of the EDGE nights

_____ I decline to grant approval for my child to attend the Archdiocesan training, but understand that as the primary educator of my child the Church requests that I certify that I have provided such training to my child within the family. <http://www.archatl.com/ministries-services/safe-environment/grades-k-12/>

PARENT/GUARDIAN CONSENT

_____ I understand that promotional pictures (individual or group) will be taken at EDGE events. I give permission for my teen's pictures to be used for promotional materials (permission slips, newsletter, webpage, calendars, parish bulletin, social media, etc.) highlighting the event.

_____ I give permission for the Saint Brigid Youth Ministry staff and adult volunteers to contact my teen via: e-mail, text, Instagram, Facebook, Twitter and other forms of social media when it pertains to youth ministry.

Parent Signature _____



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CATHOLIC ARCHDIOCESE OF ATLANTA
Saint Brigid Catholic Church
September 2024-September 2025
Annual Medical Release



Name of Student: _____ Date of Birth: _____

Address: _____

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical attention. I wish to be advised prior to any further treatment by the doctor and hospital. If you are unable to reach me, contact:

Emergency contact _____ Phone # _____

Relation to participant _____

If you are unable to reach parent/guardian or the emergency contact person, I hereby grant permission for the doctor and hospital to exercise professional judgment in treating participant.

Medical / Hospital Insurance Carrier _____

Name of Policy Holder _____ Relation to participant _____

Policy Number _____ Group Number _____

Father/Guardian's full name: _____
Phone #: _____ Cell # _____
Home address: _____
Place of business/address: _____

Mother/Guardian's full name: _____
Phone #: _____ Cell # _____
Home address: _____
Place of business/address: _____

Medications: My child is taking the following medication(s):

Description _____ Dosage _____

Description _____ Dosage _____

(Either a physician's prescription or parent note must accompany all medications. Prescription /note should be attached to this form.)

I hereby grant permission for non-prescription medications to be given, if deemed appropriate.

Drug allergies _____

Other allergies / reactions (food, plants, insects, etc.) _____

List any other health problems / limitations that we need to be aware of _____

Signature of Parent / Guardian _____ Date _____



2024-2025~ VOLUNTEERS

Name: _____

Email: _____

Home phone: _____

Cell: _____

Edge Small Group Table Leader: We need two leaders per small group of approximately 12-15 children. You would be responsible for co-leading your small group discussions. We will provide you with all the materials needed for each night. You are not responsible for teaching or coming up with the content. Must commit to attending all Edge nights. (Emergencies do arise and we understand and we can accommodate that as it comes up). As a catechist, you will receive a 50% discount on the EDGE program fees for your child(ren). You do not have to your child in your group.

EDGE Small Group Table Leader
I would like my child(ren) in my Edge small group
Names of child(ren) _____

Kitchen Leader: I am looking for 3-4 parents to take the lead on organizing this and then there will be a sign up for all parents to volunteer their time throughout the year. Kitchen leaders will shop for the food needed for the menu that week and submit reimbursement forms and lead the volunteers on the week they are assigned in set up/preparing/serving/clean up. If we get 4 parents then you would only be responsible for leading every 4th week which is about 3 times per semester. The commitment would be from about 4:30 to 6:30 plus the shopping during the week.

CORE team: volunteers to help with the teaching and running of activities. This would be a weekly commitment for the classes and also a once a month commitment for a CORE meeting. For this, you will want a more active role in night. You do not have to be an expert in our faith. All material will be given to you. So, if you like to have fun and feel strongly about sharing your faith please let me know. 50% discount applies as well. OR if you know someone you think would be a fit please share this with them.