



5620 Gollihard Rd.  
 Corpus Christi, TX  
 (361) 993-4126  
 yyam@stpiouscc.org

## ST. PIUS X

### The EDGE 2010-2011 Registration Form

*We will be communicating by e-mail whenever possible*

If this form has been automatically filled in for you, please review the information carefully, then check one:

- All of the information on this form is already correct, and I only need to sign it.  
 I am making corrections or additions to this information and then signing it.

Please use the space provided **ON THE BACK** to make corrections or additions.

FULL NAME _____		NICK NAME _____	
ADDRESS _____			
CITY _____	ZIP _____	GENDER _____	BIRTH DATE _____
SCHOOL _____	GRADE _____	GRADUATION DATE _____	T-SHIRT SIZE (Adult) _____
YOUTH'S E-MAIL ADDRESS _____			
HOME PHONE _____		YOUTH'S CELL PHONE _____	
PARENT/GUARDIAN NAME: _____		DAY PHONE _____	EVE PHONE _____

<b>Father's Full Name</b> _____	Father's Cell Phone _____
Address _____	Home Phone _____
Father's Email _____	
<b>Mother's Full Name</b> _____	Mother's Cell Phone _____
Address _____	Home Phone _____
Mother's Email _____	

<b>In the Case of an Emergency, Whom Should We Contact? (If unable to reach a parent/guardian)</b>		
Name _____	Relationship: _____	Contact Number: _____
Name _____	Relationship: _____	Contact Number: _____

<b>Health Information</b>	
Participants' Doctor: _____	Phone Number: _____
Insurance Co. Name: _____	Medical Insurance Id #: _____
Cardholder's Name: _____	Group Number: _____
<b>Special Need – All information will be held in strict confidence.</b>	
Participant's allergies, if any, including medication and foods: _____	
Participant's chronic medical problems (e.g. diabetes, epilepsy): _____	
Participant's other physical restriction (if any): _____	
Other Notes: _____	
_____	

**CON'T ON BACK**

**Parish Information**

\_\_\_ Registered Parishioners \_\_\_ registered in another Parish \_\_\_\_\_ not registered in any parish  
 (Name of Parish)

**Sacrament History**

	YES	NO	DATE	PLACE
Baptism	___	___	___/___/___	_____
Reconciliation	___	___	___/___/___	_____
Holy Communion	___	___	___/___/___	_____
Confirmation	___	___	___/___/___	_____

**NOTE: IF YOU ARE IN NEED OF ANY SACRAMENT, YOU MUST REGISTER THROUGH SISTER BARBARA NETEK, IWBS (993.9024)**

I am interested in Parent LIFE Ministry \_\_\_\_\_

I would like to minister as a Core Team Member at the *LIFE TEEN* \_\_\_\_\_

I would like to minister to the *LIFE TEEN* by helping to set up on Sunday afternoon \_\_\_\_\_

I would like to donate to the *LIFE TEEN* Program    \$10 \_\_\_    \$20 \_\_\_    \$30 \_\_\_    Other \_\_\_\_\_

**PHOTOGRAPHY CONSENT**

As parent/guardian, I understand that promotional pictures (individual and group) will be taken during this events, I give permission for my son's/daughter's picture to be used for promotional material (newsletter, web page, calendars, power pint, etc.) in highlighting the event(s).

Name (PLEASE PRINT) \_\_\_\_\_

(SIGNATURE) \_\_\_\_\_ (DATE) \_\_\_\_\_

**Edge Snacks**

Please indicate your preferences for two months you would like to provide a snack.  
*We will try our best to accommodate your preference.*

1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ No preference \_\_\_\_\_

**Please Make Corrections Here**

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_ SEX \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_ GRADUATION YEAR \_\_\_\_\_ T-SHIRT SIZE (Adult) \_\_\_\_\_

YOUTH'S E-MAIL ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ YOUTH'S CELL PHONE \_\_\_\_\_

PARENT/GUARDIAN NAME \_\_\_\_\_ DAY PHONE \_\_\_\_\_ EVE PHONE \_\_\_\_\_

**In case of emergency, whom should we contact? (if unable to reach parent/guardian)**

Name \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Health Information**

Participants' Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Insurance Co. Name: \_\_\_\_\_ Medical Insurance Id #: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_ Group Number: \_\_\_\_\_