St. Ignatius Loyola Parish: EDGE Registration Form, 2026-2027

Youth's Last Name _____ First Name _____

Date of Birth _____ Age _____ Grade _____ Gender _____

School _____

Mother's First/Last Name _____

Mother's Cell # _____ Mother's Work # _____

Father's First/Last Name _____

Father's Cell # _____ Father's Work # _____

Address _____

City _____ Postal Code_____ Home Phone Number _____

The EDGE will be communicating by e-mail whenever possible. All emails sent will be strictly related to EDGE. i.e. upcoming dates and events. We would require a parent/guardian address only.

PARENT/GUARDIAN EMAIL ADDRESS: _____

EDGE PERMISSION / MEDICAL RELEASE

Every person who participates in any EDGE activities or events must fill out this form.

Family Name _____

Participant Name _____

Family Doctor _____ Number _____

Health Card #_____

Emergency Contact Name/Relationship _____

Contact Number _____ Cell #_____

Has your child received a tetanus shot in the past 10 years? Y/N

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

_____

_____

Please list any know allergies, health problems, or current medications

_____

Registration Fee $20.00 first Child, $50.00 family maximum (3+).
No youth is ever turned away for a lack of funds.

Liability & Release Form

Release: I/we understand that reasonable precaution will be taken to safeguard the health and safety of the participant (s) 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 Ignatius of Loyola Church, the Archdiocese of Toronto, any volunteer, chaperone, or driver responsible.

Medical Care: 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 understand(s) and agrees that any medical, dental, or hospital expense incurred shall be at their own expense. The undersigned understand(s) every effort will be made to notify the emergency contact in the event that treatment is necessary

Permission: In signing this I am granting my son/daughter permission to participate in St. Ignatius of Loyola EDGE Nights, located at 2300 Burhamthorpe Road West, Mississauga, Ontario on selected EDGE Friday nights from 7-9pm.

Photography: I understand my son/daughter photograph and/or likeness and name may be used in a future promotion whether that be a parish publication, website, or video publication

Pickup: I/we understand that I/we must come to pick my son/ daughter up at the end of the EDGE night (9pm). Supervision ends at 9:00pm.

Valuables: I/we understand that St. Ignatius of Loyola EDGE is not responsible for lost, stolen or damaged items. It is highly encouraged that youth leave all valuables (including cell phones/iPods at home for safe keeping).

Behaviour: I/we acknowledge that my son/daughter will be respectful and participate in all EDGE activities ensuring to uphold good Christian morals and be a role model to their peers (including dressing appropriately). Should behaviour/dress become an issue, appropriate actions will be taken with consultation with the Parish priest and parents/guardians to ensure that the child and peers are both safe and enjoying their time at EDGE.

By signing below you agree to adhere to all agreements above.

Youth Signature: _____ **Date**: _____

Parent Signature: _____ **Date**: _____

OFFICE USE ONLY

Amount Paid _____

Date Received _____

Received By _____