

**YOUTH MINISTRY 2023-2024  
EDGE / LIFE TEEN  
Registration Form**

<p><b>EDGE</b></p> <p><b>Grades 6 - 8</b></p> <p align="center"><input type="checkbox"/></p> <p><i>Sundays, immediately following 9:30 mass</i></p>	<p><b>Life Teen</b></p> <p><b>GRADES 9 - 12</b></p> <p align="center"><input type="checkbox"/></p> <p><i>Sundays, immediately following 9:30 mass</i></p>
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In this busy world, Life Teen provides an opportunity for young people to slow down and get grounded in God. Life Teen seeks to develop disciples by walking alongside young people as they seek a personal relationship with Christ through engaging, relevant catechesis, missionary outreach, and personal witness. All 6th through 12th grade students are encouraged to come check it out!

**Registration Fee: \$125.00**  
 Our goal is to have EVERY child enrolled in a Faith Formation Program. Money should not be an obstacle to enrolling a child. Please contact Fr. Mike Zgonc if any of these fees pose a hardship to your family at [fmike@stmarksnh.org](mailto:fmike@stmarksnh.org) or 432-8711.

Child's LAST Name:	Child's FIRST Name:
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Date of Birth: (MM/DD/YY)	M / F	Grade Entering in Fall 2023/2024 school year:
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<p><b>MOTHER</b></p> <p>First Name:</p> <p>Last Name:</p>	<p><b>FATHER</b></p> <p>First Name:</p> <p>Last Name:</p>
Address:	City/Zip:
Email:	Email:
Cell #:	Cell #:

*\*All families will be added to Flocknote, this is our major source of communication.*

**FOR OFFICE USE ONLY:**

<p>Registration Fee</p> <p><input type="checkbox"/> Cash    <input type="checkbox"/> CC</p> <p><input type="checkbox"/> Check # _____</p> <p>Amount: _____</p>	<p>Family Registered</p> <p align="center"><input type="checkbox"/></p> <p>Flocknote</p> <p align="center"><input type="checkbox"/></p>	<p>Baptismal Date:                      Cert on File: Y / N</p> <p>Church of Baptism:</p> <p>First Reconciliation Received      Y / N</p> <p>Confirmation Date:                      Parish:</p> <p>First Eucharist Date:                      Parish:</p>
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**Permission Slip<sup>1</sup>**

Please return by: September 1, 2023.

I \_\_\_\_\_ hereby give "My Child" \_\_\_\_\_  
**(Parent/Guardian Name)** **(Child Name)**

permission to participate in the "Activity" described below.

Diocese Location	St. Mark the Evangelist
Activity Description	EDGE / Life Teen
Date(s) and Times*	SEPT - MAY 2023-24
Transportation Provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Special Instructions, if any	
Cost	\$125.00, make check payable to St. Mark the Evangelist
Volunteers Needed <sup>2</sup>	No Volunteer Cost: \$N/A

\* If the Activity cannot be held on the Date or Times listed above, I intend for this Permission Form to apply and be effective for any rescheduled Date(s) and Times for the Activity.

I certify that My Child is physically fit and capable of taking part in the Activity.

I give permission for My Child to receive any emergency medical treatment deemed necessary until the Emergency Contact(s) can be notified, and I agree I will assume full responsibility for the payment of such treatment.

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

On the lines below, I have listed any medical condition, physical disability, and medical, food, insect, and other allergy that may be relevant to rendering medical care. Any medication taken during the Activity must be provided in its original container.

\_\_\_\_\_  
\_\_\_\_\_

I understand that photographs and videos of My Child may be taken, and I authorize them to be used for publicity.

I understand that staff will use their best efforts to supervise the Activity; however, I agree and acknowledge that the Roman Catholic Bishop of Manchester, a Corporation Sole d/b/a as the Diocese Location and its respective directors, officers, trustees, employees, and volunteers shall not be responsible for bodily injury or loss of or damage to personal property that may result from the Activity.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Volunteers<sup>3</sup>:**

I voluntarily agree to assist with the Activity. I give permission to receive any emergency medical treatment deemed necessary until the Emergency Contact(s) can be notified, and I agree I will assume full responsibility for the payment of such treatment.

Volunteer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

<sup>1</sup> This Permission Slip is required from minors to participate in a trip (day or overnight) or for minors to volunteer.

<sup>2</sup> Must be age 21 or older to serve as a chaperone.

<sup>3</sup> Volunteers must complete a Volunteer Application and Agreement and fulfill all applicable Safe Environment requirements.