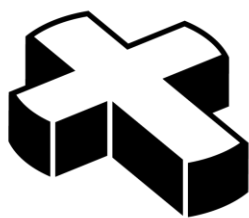


# EDGE SPONSORSHIP PROGRAM



# EDGE

"Building the Kingdom of God with faith, hope, and love."



# EDGE

ST. MARTHA CATHOLIC CHURCH  
MIDDLE SCHOOL YOUTH MINISTRY

**Q: What is the Edge Program?**

A: Edge is a middle school youth ministry experience created for early adolescents in 6<sup>th</sup>, 7<sup>th</sup>, and 8<sup>th</sup> grade. Edge is open to ALL middle school students and their friends regardless of religion, denomination, or faith, and is designed to meet the spiritual, emotional, and social needs of the youth through meaningful experiences.

**Q: What do you do at Edge?**

A: During the school year the last Monday of every month is an Edge Night where the youth gather for food, fun, and fellowship, as well as discuss various topics. Also, throughout the year Edge coordinates various service projects, spiritual retreats, and community events to bring the youth closer to God and deepen their Catholic faith.

**Q: What can you do to help the Edge Program?**

A: Parent support and prayers are the two most important needs for the Edge Program. We are always looking for volunteers to help chaperone, but prayer intentions are just as helpful! Also, the Edge Sponsorship Program was created to raise funds to help the Edge Program with operation costs, and every child registered greatly supports the program and comes with some special benefits.

**Q: How do I register for the Edge Sponsorship Program for the 2017-2018 year?**

A: Completely fill out the liability waiver form and return it to the youth office with an attached payment. Please make checks payable to: St. Martha Catholic Church

## SPONSORSHIP BENEFITS

» **The Official EDGE T-Shirt for 2017-2018**

» **EDGE SEASON PASS**

Cost covers all Edge events from August 2017-May 2018. One check for the year!

» **Convenient Paperwork Processing\***

Just check the box and write in your child's name on any future Edge permission forms.

» **Helping the Edge Program with operation costs**

» **Assisting less fortunate families afford Edge Events through scholarships**

EDGE '17-'18 Sponsorship Program – Check Box and write name

☐

\*Found at the top right corner of forms →

**Registration Fee - \$100.00 per child**

*All benefits apply for August 2017-May 2018*

**For questions or more information contact:**

Lisa Hartsfield / [lisah@stmartha.com](mailto:lisah@stmartha.com)

**Archdiocese of Galveston-Houston**

**St. Martha Catholic Church**

**Parental/Guardian Consent Form and Liability Waiver**

**Participant's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **ZIP Code:** \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_ **Home Phone:** ( \_\_\_\_\_ ) \_\_\_\_\_

**Alternate Phone:** ( \_\_\_\_\_ ) \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Sex:** \_\_\_\_\_

★ **E-Mail Address:** \_\_\_\_\_ **School:** \_\_\_\_\_

★ **T-Shirt Size (Please Circle One):**    **YL**    **S**    **M**    **L**    **XL**    **XXL**

**CONSENT AND LIABILITY WAIVER**

**Important!** To be filled out by the Parent/Guardian for youth under 18 years of age.

If participant is 18 years of age or older, consent must be signed by the individual.

I (name of parent/guardian) \_\_\_\_\_, grant permission for my child,  
(participant's name) \_\_\_\_\_, to participate in  
(event) Any and all EDGE events \_\_\_\_\_ to be held  
(date) 2017-2018 School Year, (time) 12:00am-12:00am, and (location) with St. Martha Catholic Church.

In consideration of my child's participation in this event, I agree on behalf of myself, my child named herein, and our heirs, successors, and assigns to indemnify, hold harmless and defend the Archdiocese of Galveston-Houston, the sponsoring parish, its pastor, youth ministry leader, principal, other agents, employees or other representatives associated with the event from any and all injuries, losses or claims arising out of my child's participation in the event.

*In signing this form I certify that all information contained herein is true and accurate to the best of my knowledge.*

★ \_\_\_\_\_  
**Signature (Parent/Guardian)** **Date**

**YOUTH PARTICIPANT:** In signing the line below I agree to abide by any/all policies and rules established for this event/activity (see Code of Conduct). Should I not be able to maintain the guidelines and expectations of the adults and my peers, I understand that there will be consequences for my actions, including being removed from the activity and being sent home at my parent's expense.

★ \_\_\_\_\_  
**Signature (Youth Participant)** **Date**

**PHOTOGRAPHY CONSENT**

As parent/guardian, I understand that promotional pictures (individuals and group) will be taken during this event. I give permission for my child's picture to be used for promotional materials (newsletter, web page, calendars, power point, etc.) in highlighting the event.

★ \_\_\_\_\_  
**Signature (Parent/Guardian)** **Date**

**See Reverse For Medical Consent**

## Medical Matters

I hereby warrant to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. Of the following statements pertaining to medical matters, sign only those in accordance with your wishes.

## Emergency Medical Treatment

In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

In the event of an emergency and you are unable to reach me, contact:

Name & Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

## Medications

My child will bring all such medications, well labeled, that are necessary. Names of medications and concise directions for seeing that the child takes such medications, including dosage, and frequency are as follows:

**My child is taking the following medication at the present time.**

Medication(s): \_\_\_\_\_ Dosage \_\_\_\_\_

Administer: \_\_\_\_\_

**Please choose only one of the following:**

\_\_\_\_\_ I hereby **Do Not Grant Permission** for medication of any type, whether prescription or nonprescription may be administered by my child unless the situation is life threatening and emergency is required. **(Please initial)**

\_\_\_\_\_ I hereby **Grant Permission** for nonprescription medication (such as Tylenol, throat lozenges, cough syrup) to be given to my child, if deemed advisable. I understand that Aspirin will not be given to my son/daughter. **(Please initial)**

**Medical Conditions Information:** *(All personnel will take reasonable care to see that the following information will be held in confidence.)*  
My son/daughter has:

- Has had an episode of the following or has been diagnosed: ☐ Seizures ☐ Asthma ☐ Diabetic
- Allergic reactions to the following (foods, dyes, latex, etc.) \_\_\_\_\_
- Has had a medical surgery within the last six months?: ☐ Yes ☐ No Still under doctor's care?: ☐ Yes ☐ No
- Has a medically prescribed diet? \_\_\_\_\_
- The following physical limitations? \_\_\_\_\_
- Immunizations current and up to date: ☐ Yes ☐ No Date of last tetanus/diphtheria immunization: \_\_\_\_\_
- You should also be aware of these special medical conditions of my child (e.g. depression, anxiety, etc.): \_\_\_\_\_

**Insurance Information:** ☐ No, I do not carry medical insurance at this time.

Insurance Carrier: \_\_\_\_\_ Name of Insured: \_\_\_\_\_

Insurance Policy Number: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_

In the event it comes to the attention of the chaperones associated with the activity that my child becomes ill with the repeated symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called immediately. If this will be a long distance call, I want to be called collect (with phone charges reversed to myself). I fully understand the foregoing statements and sign this Parental/Guardian Medical Consent Waiver knowingly, freely, and willingly.

Signature (Parent/Guardian)

Date

Signature (Participant 18 years of age or older must sign own consent)

Date