St. Lawrence Edge Ministry
2210 Lawrence Ave E.
Scarborough, ON M1P 2P9
stlawrenceedge@gmail.com

PLEASE COMPLETE THIS FORM CLEARLY

Edge Registration Form

St. Lawrence's Youth Ministry welcomes youth from Gr. 6 - 8. Our Edge nights will take place in the Church Hall on every 2nd and 4th Friday of the month (with some exceptions) starting from November 27th, 2026 to June 2027. EDGE is a Catholic middle-school youth ministry that exists to provide a safe environment for youth to build community and friendships all while growing deeper in their own faith. EDGE Nights consists of group games, talks on our Catholic faith and what the Church teaches, small-group discussions, music and prayer time.

The cost of the program for the year is $50 per child. This covers the cost to run the program.

Parents, please take your time to register your child by completing this form. If you are registering for more than 1 child, please fill out a separate form for each child. Please leave completed forms with the parish office or you can bring the form on our first Edge night on November 27th, 2026.

If you have any questions, please email stlawrenceedge@gmail.com. We look forward to journeying with your child!

Participant Information:

Participant First Name: _____ Last Name_____

Grade: ____ School: _____Gender: ___ Date of Birth: _____ Age: _____

Parish/Church: _____

Parent/Guardian Full Name: _____

Full Address: _____

Mobile Number: _____

Email Address: _____

Relation to participant: _____

Parent/Guardian Full Name: _____

Full Address: _____

Mobile Number: _____

Email Address: _____

Relation to participant: _____

The EDGE ministry team 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 email address only.

MEDIA RELEASE STATEMENT:

I hereby grant permission for my child to be photographed and/or videotaped during *EDGE* activities and events. I understand that my child may decline to be photographed and/or videotaped at any time. I further grant permission for the resulting photographs and/or videotaped footage to be edited, if necessary, and then published and/or used for the purpose of promoting *EDGE* and/or youth programs at St. Lawrence the Martyr Parish.

I acknowledge that I read the above release statement.

_____ _____

Parent/Guardian (Print Name & Signature) **Date**

___ Yes, I give permission.

___ No, I do not give permission.

EDGE PERMISSION / MEDICAL RELEASE:

The participant named above is permitted to participate in the activities planned at:

St. Lawrence the Martyr Parish for EDGE Youth Ministry

I/We understand that reasonable precaution will be taken to safeguard the health and safety of the participant 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), I/We will not hold St. Lawrence the Martyr Parish, the Archdiocese of Toronto, any volunteer, chaperone, or driver responsible. 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 of any other Province. The undersigned understand(s) and agrees that any medical, dental, or hospital expense incurred shall be at their own risk. The undersigned understand(s) every effort will be made to notify the emergency contact in the event that treatment is necessary.

_____ _____

Parent/Guardian (Print Name & Signature) **Date**

Emergency Contact Full Name: _____

Phone Number: _____

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

_____

Please list any known allergies, health problems, or current medications:

_____

EDGE Registration Fee for 2026 will be $50/participant. Please bring registration fee on the first night your child attends. Cash or cheque only. Cheques can be made to "St. Lawrence Parish", kindly indicate Edge and the participants name in the note section "Edge - (Name of Participant)". If there are any concerns or questions, please email stlawrenceedge@gmail.com. Additional costs may occur throughout the year for special EDGE events, trips, etc. Any donations to support the EDGE ministry can be dropped off at the Parish Office or in the Office Mail slot labeled “EDGE Ministry Donation”.

Please note:

- We are a NO PHONE ZONE. Phones will be collected at the start of the night and returned during sign out. - Parents must be present at sign in and sign out.

By signing this form, I confirm that I have completed and filled in accurate information.

_____ _____

Parent/Guardian (Print Name & Signature) **Date**

This information is strictly confidential and will only be used as needed by EDGE Staff and Volunteers approved by the St. Lawrence the Martyr Parish. Please inform us if and when changes to this information occur. Thank you for your continued support to the youth of St. Lawrence the Martyr Parish.