

Parent Medical and Liability Release Statement:

I understand that in the event medical intervention is needed every attempt will be made to contact me or the emergency contacts immediately. In the event I cannot be reached I hereby give my permission to the physician or dentist selected by the activity leader to hospitalize or to secure medical treatment the physician has deemed necessary. I understand that my insurance coverage for my child will be used as primary coverage in the event medical intervention is needed. Coverage by Archdiocese of San Antonio, through its accident policy, will be used as a secondary coverage. I understand all reasonable safety precautions will be taken at all times by Church of the Holy Spirit's staff and its agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Church of the Holy Spirit, the Archdiocese of San Antonio, its leaders, employees, or volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

Parent/Guardian Signature _____ Date _____

In case of emergency, please notify:

Communication Release Statement: Name Phone Relationship

I GRANT PERMISSION for the Faith Formation staff and Church of the Holy Spirit to electronically communicate with my minor in order to inform him/her on any upcoming EDGE activities, meetings, events, and general announcements. Communication will only take place between the hours of 8:00 am - 9:00 pm.

I give permission for my teen to be contacted/informed by email. () Yes () No

I give permission for my teen to be contacted/informed by cell phone. () Yes () No

I give permission for my teen to be contacted/informed by text message. () Yes () No

I give permission to be contacted/informed by cell phone/text message. () Yes () No

Parent/Guardian Signature _____ Date _____

Media Release Statement:

I understand and consent to the use of any videotape, photographs, slides, audio tapes and any other visual or audio reproduction in which my child may appear by Church of the Holy Spirit. I understand that these materials are being used for the promotion of Church of the Holy Spirit that includes volunteer recruitment, Internet, and fund raising efforts.

() I give permission for my child to be photographed and interviewed and permission to have my child's name used. If a photograph of a student is used on our webpage, only a student's first name will appear on the webpage.

() I give permission for my child to be photographed, but do not want my child's name used.

() I **do not** want my child photographed or interviewed and do not want his or her name used.

Parent/Guardian Signature _____ Date _____

Parents: Check at least two or more categories where you can partner with us!

This helps us to know what you are interested in helping with. We will call you and discuss before assigning you to a ministry.

Teaching and Office Ministries

Chaperone and Driving Ministries

Dinner and Events Ministry

- ___ Edge Core (Teachers Aug-May)
- ___ Environment (setting up for classes)
- ___ Office help during weekdays or nights
- ___ Office help during Sunday Edge Nights
- ___ Phone Calls to Teens, Parents or Volunteers
- ___ Bulletin Stuffing (as needed)
- ___ Fundraising (ask for more information)
- ___ Writing Cards (Birthday, Get Well, etc.)

- ___ XLT - TBA
- ___ Lock-In (Jan)
- ___ Youth Spectacular (TBD)
- ___ Spring Retreat
- ___ Drivers for Concerts, etc.

- ___ Life Teen & Edge Dinners! (Aug - May)
- ___ Matt Maher concert (TBD)
- ___ Prayer Partner
- ___ Photography or filming
- ___ Wherever I am Most Needed :
- ___ Weekdays: M T W Th
- ___ Weeknights: M T W Th
- ___ Weekends: Fri Sat Sun
- (As needed)

**All volunteers will be required to fill out a CBC form and attend child safety training
Protecting God's Children**

Other siblings registered:

- Students's Name: _____ Session: _____ Class: _____
- Students's Name: _____ Session: _____ Class: _____
- Students's Name: _____ Session: _____ Class: _____
- Students's Name: _____ Session: _____ Class: _____
- Students's Name: _____ Session: _____ Class: _____