



Middle School Youth

E.D.G.E. Registration Form

Last Name _____ First Name _____ Nickname _____

Age _____ Grade _____ School _____

Birthdate ____ / ____ / ____ Baptismal date ____ / ____ / ____ & place _____

Mailing Address _____

City _____ State _____ ZIP _____

Home Phone: () _____ Work Phone: () _____ Cell: () _____

Youth Email: _____

Caring Adult's Email: _____ Caring Adult's Name: _____

Caring Adult's relationship to youth: _____

Caring Adults preferred method of communication: Email _____

Text message _____ Phone call _____

Non-Parent/Caring Adult Emergency Contact Name _____ Phone _____

Adult Volunteer help:

- Small Group Guide Retreat Volunteer Other
- Driver Fellowship Event Helper
- Servant Event Helper Sunday School Helper

I understand that Tanque Verde Lutheran Church is not responsible in case of injury or loss of property. I also understand that if medical treatment is required every effort will be made to contact me. However, if I cannot be reached, I give permission to the staff or sponsor to secure the services of licensed medical personnel for my child and administer emergency medical attention and, if necessary, admit the child to the nearest hospital.

I also understand that if it is necessary to dismiss my child during this event for disciplinary reasons, I am responsible to come and pick him or her up immediately or arrange suitable transportation home.

I understand that it is my responsibility to inform the church office of any changes to the above information. I will keep staff and sponsors alerted to any changes, permanent or temporary, in my youth's medical condition and to include medications being taken.

I give my child permission to participate in all servant/fellowship events including transportation by a church volunteer or church staff when necessary, following "Safe Church" guidelines (for copy of policy, see Parrish Administrator, Jim Pene).

Allergies (including food), medical conditions, medicines currently being taken, and other important information

Hospital Preference _____

Parent/Guardian Signature _____ Date ____ / ____ / ____

Registration due: \$ 35.00 (\$35/materials)

Date Received: _____

Cash/Check # _____

Amount: _____

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