



**THE CENTRALITY OF CHRIST  
THE CLARITY OF THE GOSPEL**

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## **STUDENT REGISTRATION**

(PLEASE PRINT LEGIBLY)

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **E-MAIL:** \_\_\_\_\_

**GENDER:** \_\_\_\_\_ **AGE:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_ (2009-2010 SCHOOL YEAR)

**CHURCH:** \_\_\_\_\_ **CITY/STATE/ZIP:** \_\_\_\_\_

**GROUP LEADER:** \_\_\_\_\_

### **MEDICAL TREATMENT PERMISSION**

IN CASE OF ILLNESS OR INJURY, THE STAFF OF THE **EDGE** IS HEREBY AUTHORIZED BY ME TO PROVIDE NEEDED MEDICAL CARE AND MAY TURN OVER INFORMATION TO THE INSURANCE COMPANY THAT COVERS THE HEALTH OF THE PERSON MENTIONED ABOVE. IF APPLICABLE, I AM LISTING ANY MEDICAL PROBLEMS OR ALLERGIES:

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SIGNATURE OF PARENT OR LEGAL GUARDIAN