

**Star of the Sea Catholic Church**  
**2017-2018 Middle School Christian Formation/EDGE**  
**Grades 6-8**  
**Monday 6:15 – 7:30pm**



Student Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: M / F Grade (2017-2018): \_\_\_\_\_ School Attending: \_\_\_\_\_

Father's name: \_\_\_\_\_ Religion: \_\_\_\_\_

Father's email: \_\_\_\_\_ Father's cell phone: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Religion: \_\_\_\_\_

Mother's email: \_\_\_\_\_ Mother's cell phone: \_\_\_\_\_

Communication Preference (email/phone/text) Mother: \_\_\_ Father: \_\_\_ Both: \_\_\_

Do both parents reside in the home: yes or no If no, child resides with \_\_\_\_\_

My child has special needs: yes or no If yes, how can we be of assistance?  
\_\_\_\_\_

Parental involvement in Religious Education is essential, both by example and participation. We need parents (and older teens) to volunteer. Thank you for being generous with your time.

\_\_\_\_\_ Catechist \_\_\_\_\_ general help – hall/ door monitor, etc

\_\_\_\_\_ Catechist aide \_\_\_\_\_ Helper

\_\_\_\_\_ First Reconciliation/ Eucharist Team \_\_\_\_\_ snacks

Are you VIRTUS trained: yes or no

*If you are 18 or older, you must participate in VIRTUS training and background check*



Please be advised that Flocknote will be used for email and text communication. Parent(s) noted above will be added to Flocknote.

Which Mass do you usually attend: \_\_\_\_\_ 5pm \_\_\_\_\_ 8am \_\_\_\_\_ 10am \_\_\_\_\_ 12pm

Are you a registered parishioner? Yes \_\_\_\_\_ No \_\_\_\_\_ (Registration Forms are available on the parish website)

Christian Formation Fee - \$50 per family

# Star of the Sea Catholic Church

## Middle School Release Form

Parish: Star of the Sea Church Phone: 757-428-8547  
Address: 1404 Pacific Ave, Virginia Beach, VA 23451  
Type of Event: see information for each event to be given out separately  
Destination: see information for each event to be given out separately  
Individual in Charge: Coordinator of Christian Formation/ Adult Volunteer Catechists  
Transportation: see information for each event to be given out separately  
Dates of Trip: see information for each event to be given out separately

**Child's Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_ **Gender** \_\_\_\_\_

**Parent(s)/Guardian's Name** \_\_\_\_\_

**Street Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Emergency Contact Name (other than parents)** \_\_\_\_\_

**Contact Number** \_\_\_\_\_ **Relationship to Child** \_\_\_\_\_

**Does your child have allergies? Yes or No**

**Details:**

**Is your child taking any medications? Yes or No**

**Details:**

**Is there any other physical or emotional condition of which we need to be aware: Yes or No**

**Please explain:**

*As parent/guardian I remain legally responsible for any personal actions taken by the above named minor. I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend the Catholic Diocese of Richmond, Star of the Sea Church, their employees and agents, chaperons, or representatives associated with the event from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the Diocese and/or Star of the Sea, their employees and agents and chaperons, or representatives associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the Diocese and/or Star of the Sea Church*

*I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. In the case of any 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, if you are unable to reach me at the above numbers I give permission for the noted emergency contact to be notified. I will not hold the Diocese of Richmond and/or Star of the Sea Church responsible for authorizing any medical treatment beyond necessary transportation to the hospital.*

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*I give permission for pictures and/or video of my child (named above) engaged in activities related to Star of the Sea Church to have their pictures posted in publications or websites. Names of participants will not be used without expressed permission from the parent or guardian. If neither box is checked below, Star of the Sea assumes you give permission*

\_\_\_\_ **Yes** \_\_\_\_ **No**

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Youth Code of Behavior

The purpose of Edge is to provide an environment for young Catholics to learn, grow and understand more about their Catholic Faith by growing in their relationship with Jesus Christ. In order to carry out this mission, we ask each youth to read, sign and follow the Code of Behavior.

- I will make every effort to attend Mass weekly.
- I will represent the Catholic Christian community through my language, dress and behavior.
- I agree to respect the rights and property of others.
- I agree to respect EDGE Core Team leaders
- I will participate in all planned activities and small group sessions.
- I will not use my cell phone during EDGE unless instructed by leaders and understand that if I use my phone without permission it will be taken away until the end of the night.
- I will not possess any alcohol, non-prescription drugs, fireworks, weapons or knives.
- I will not leave the church grounds without adult supervision.
- I will build new relationships with my small group members, peers and core team members.
- I will refrain from inappropriate touching and verbal harassment.
- I will not take part in any form of bullying which includes (one or more students seeking to have power over another student through the use of verbal, physical or emotional harassment, intimidation or isolation).
- I will be safe. No horseplay or other potentially harmful actions.
- I will help keep the church and classrooms clean and pick up any trash if I see it, even if it is not my own.

## YOUTH

I have read, understood and agree to follow the Code of Behavior outlined above. I will also encourage other group members to live by these rules.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

## PARENTS

- I have read, understood and agree to the Code of Behavior for my son/ daughter.
- I will actively participate within the life of the Church (attend Sunday Mass weekly, attend Holy Days of Obligation Masses, pray and encourage my family to pray, learn more about my Catholic faith)
- I will stress the importance of making and attending Mass a priority over other scheduled activities

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

# PLEASE KEEP THIS COPY

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Remember that you have signed and agreed to do your best, with God's help, to adhere to the above Code of Behavior.