

ST. MONICA CONFIRMATION REGISTRATION 2010-2011
(one form per student)

PLEASE PRINT

Student's Last Name: _____ **First:** _____ **Middle:** _____

Address: _____ **City:** _____ **Zip:** _____

Birth Date: _____ **Sex:** _____ **School:** _____ **Grade Entering in Fall:** _____

Home Phone: _____ **Cell Phone:** _____

Email Address of Parent and Youth : _____

Permission to be on the Youth Newsletter Email List

Please check boxes Sacraments Received: Baptism Reconciliation Eucharist

Number of Years in Faith Formation: _____ years. Date of Baptism _____

Name of Church _____ City _____ State _____

Mother's First & Maiden Names: _____ Religion: _____

Work Phone #: _____ Cell/Pager Phone: _____

Father's Name: _____ Religion: _____

Work Phone #: _____ Cell/Pager Phone: _____

CLASS DAY SELECTION: **Monday 7PM-8:30PM** **Thursday 7PM-8:30PM**

Second Year Only: THE CONFIRMATION SPONSOR

Must be a practicing Confirmed Catholic, 16 years of age or older, and not a parent.

Sponsor's Name: _____

Sponsor's Email Address: _____

Sponsor's Phone # _____ Permission to on the Youth Email List

Please attach a copy of the candidate's Baptismal Certificate, Parental Permission, Health Authorization, and Release Form, and enclose a check made out to **St. Monica Church/Confirmation Program** in the amount of \$125., or \$145 after August 17. Mail to St. Monica Church Confirmation Program, 1001 Camino Pablo, Moraga, CA 94556.

Parent Signature:

Date:

FOR OFFICE USE ONLY

Reg. #:

Check #:

Amount:

Teachers:

Diocese of Oakland
Office of Youth and Young Adult Ministry
PARENTAL PERMISSION, HEALTH AUTHORIZATION, RELEASE FORM

THERE MUST BE A COPY OF THIS FORM AT ALL YOUTH MINISTRY ACTIVITIES

Child's Name _____ Parish _____

Address _____ Phone _____

School _____ Grade _____ Birth Date _____

Parent/Guardians Name _____ Home Phone _____

Address _____ Work Phone _____

Pager or other Number _____

IN CASE OF EMERGENCY, NOTIFY PERSON OTHER THAN PARENT/GUARDIAN:

Name _____ Phone _____

HEALTH AND MEDICAL INFORMATION

Family Physician _____ Address _____

Phone _____

Medical Plan _____ Plan Number _____

Do you authorize the adult leader to authorize medical treatment for your child in an emergency, as considered necessary by the attending physician? Yes No

State any reasons why you do not want medical care given to your child in an emergency: _____

Has your child had difficulty with the following (circle all that apply):

Asthma Fainting Spells Convulsions Diabetes Heart

Eyes Ears Nose Throat Lungs Digestion

Menstrual Problems

Other _____

List any physical restriction or restrictions for any activity on the basis of medical condition: _____

State the date of your child's last physical examination: _____

(COMPLETE BACK OF FORM)

**Parental Permission and Acknowledgment of
Conditions for Participating in Program**

I/we, parent or authorized guardian of the child named above given permission for his/her participation in _____, and all related activities, including but not limited to transportation to and from this youth ministry event.

I/we agree to direct my/our child to cooperate and comply with reasonable directions and instructions from Youth Ministry staff or adult volunteer leaders.

I/we agree to be responsible for all medical expenses relating to injury of my/our child as a result of his/her participation in this event, whether or not caused by the negligence of parish, youth ministry program employees, agents or volunteers or other participants.

I/we understand that youth participating in youth ministry events risk injury to the body, psyche or property damage to themselves and others. Such injuries can be caused by other persons or facilities, vehicle accidents while in transport or through the activity itself.

RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

In consideration for being permitted to participate in _____, use the equipment provided and to enter the premises or facilities of the Diocese of Oakland (Diocese) for any purpose including observation and participation in activities, the parent or guardian for him or herself and any successors in interest an on behalf of the minor child agrees:

To release, waive, discharge and promise not to sue the Diocese of Oakland, and its affiliated entities, its officers, directors, employees, agents and volunteers (hereafter referred to as "Releases") from all liability for any loss or damage, and any claim or demands therefore on account of serious or mortal injury to the body, injury to psyche or property of the participant, whether caused by negligence or other conduct by the Releases while the participant is participating in this event or in, upon or about the premises of the Diocese or any of its facilities or equipment.

To indemnify and hold harmless the Releases from any loss, liability, damage or cost it may incur due to the presence of the minor child, parent guardian in, upon or about the premises of the Diocese, its facilities or equipment, or while participating in any youth ministry activities whether caused by the negligence of Releasees or otherwise.

That the participant has read this Agreement, voluntarily signs the Agreement and that no oral representations, statements or inducements apart form the contents of this written Agreement have been made.

Model Release Statement

I hereby (*circle one*) GRANT/ DECLINE permission for my child(ren) named on this form to be photographed and/or videotaped during Youth Ministry & Faith Formation Activities and events; and for the resulting photographs and/or videotaped footage to be edited, if necessary, and be published and/or broadcast (newspaper, church bulletin, church/diocesan website, etc) for the purpose of promoting the activities of _____
(Name of Parish)

I have read this Agreement and understand everything written above.

Signature of Parent or Guardian

Date _____

Signature of Parent or Guardian

Date _____