

**ST. MONICA CONFIRMATION
REGISTRATION 2016-2017**

(One form per student)

PLEASE PRINT

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

Address: _____ City: _____ Zip: _____

Birth Date: _____ Sex: M / F School: _____ Grade Entering in Fall: _____

Home Phone: _____ Cell Phone: _____

Email Address of Parent: _____

And Youth: _____

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

Work / Cell Phone #: _____

Father's Name: _____ Religion: _____

Work / Cell Phone #: _____

SACRAMENTS

Please check boxes Sacraments Received: Baptism Reconciliation Eucharist

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

Name of Church: _____ City: _____ State: _____

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 \$135, or \$150 after August 15. In addition all 2nd year confirmation families will be charged a Sacramental Preparation fee of \$100. Mail to St. Monica Church Confirmation Program, 1001 Camino Pablo, Moraga, CA 94556.

_____ Date _____

Signature of Parent or Guardian

_____ Date _____

Signature of Parent or Guardian

FOR OFFICE USE ONLY

Reg. #: Check #: Amount:

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: _____

Alternative Number: _____

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

Name: _____ Phone: _____

Relationship to student: _____

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:

List any allergies or other special needs: _____

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

Parental Permission and Acknowledgment of Conditions for Participating in Program

1. I/we, parent or authorized guardian of the child named above given permission for his/her participation in St. Monica Church Faith Formation, and all related activities, including but not limited to transportation to and from this youth ministry event.
2. 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.
3. 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.
4. 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 trans-port or through the activity itself.

RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

In consideration for being permitted to participate in St. Monica Church Faith Formation, 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 and on behalf of the minor child agrees:

1. To release, waive, discharge and promise not to sue the Diocese of Oakland, and its affiliated entities, its officers, di-rectors, 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.
2. 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 Releases or otherwise.
3. That the participant has read this Agreement, voluntarily signs the Agreement and that no oral representations, statements or inducements apart from 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 St. Monica Church. (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