

For Office Use Only	
Cash Amount	Date Received
Check Amount	Check #
Remaining Balance	

\_\_\_\_\_ Last Name First Name

# St. Joseph Parish – Fremont, Ca

## Confirmation 1<sup>st</sup> Year

September 2010 – May 2011

Confirmation Year 1

**Teen's Name:** \_\_\_\_\_ **Gender: M / F**  
(First) (Last) (Preferred)

**Street Name:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** (\_\_\_\_) \_\_\_\_\_ **Mobile:** (\_\_\_\_) \_\_\_\_\_

**School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Graduation Year:** \_\_\_\_\_

**Birthday:** \_\_\_\_--\_\_\_\_--\_\_\_\_ **T-shirt Size:** (circle one) **XS S M L XL XXL**

Does teen attend Catholic School? Yes / No # of years? \_\_\_\_\_

Did teen attend youth group last year? Yes / No # of years? \_\_\_\_\_

Please check which Sacraments teen has received?  Baptism  Reconciliation  Communion

**PLEASE ATTACH A COPY OF TEEN'S BAPTISMAL CERTIFICATE**  
**Even if you believe St. Joseph's has it on file.**  
**Your student's registration will not be processed without it**

PARENT INFORMATION

**MOTHER:** \_\_\_\_\_ **FATHER:** \_\_\_\_\_

**MOBILE:** \_\_\_\_\_ **MOBILE:** \_\_\_\_\_

**WORK PHONE:** \_\_\_\_\_ **WORK PHONE:** \_\_\_\_\_

**OCCUPATION:** \_\_\_\_\_ **OCCUPATION:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**Teen lives with:**  Mother and Father  Mother Only  Father Only  
 Other (Please note relationship to teen): \_\_\_\_\_

PAYMENT INFO

Please submit this payment in full with the registration form. Parents who have more than two children enrolled in **Youth ministry (Edge. LifeTeen, Confirmation)** can receive a discounted price as indicated below.  
**First Child: \$100, Each additional child: \$75**  
 If the payment creates a financial hardship for the family, please do not hesitate to contact Jon Manongdo.

If more than one child in Youth Ministry, please list name(s): \_\_\_\_\_

**Diocese of Oakland**  
**Office of Youth and Young Adult Ministry**  
**PARENTAL PERMISSION, HEALTH AUTHORIZATION, RELEASE FORM**  
THERE MUST BE COPY OF THIS FORM AT ALL YOUTH MINISTRY ACTIVITIES

Child's Name \_\_\_\_\_ Parish \_\_\_\_\_  
Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
(street, city, zip)  
School \_\_\_\_\_ Grade \_\_\_\_\_ Birth date \_\_\_\_\_  
Parent/Guardian's Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address (if different from above) \_\_\_\_\_ Work Phone \_\_\_\_\_  
(street, city, zip)  
Mobile Phone or Pager \_\_\_\_\_ Email \_\_\_\_\_

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

Name \_\_\_\_\_ Phone \_\_\_\_\_ Mobile \_\_\_\_\_  
Relation \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Mobile \_\_\_\_\_  
Relation \_\_\_\_\_

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**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:

\_\_\_\_\_  
\_\_\_\_\_

List all conditions (such as allergies, seizures) for which your child requires ongoing medication and state the type and frequency of medication given:

\_\_\_\_\_  
\_\_\_\_\_

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

Asthma	Fainting Spells	Convulsions	Diabetes	Heart	Eyes
Ears	Nose	Throat	Lungs	Digestion	
Menstrual Problems		Other	_____		

List any physical restrictions for any activity on the basis of medical condition

\_\_\_\_\_  
\_\_\_\_\_

Allergy or reaction to any medication or food     Yes     No    List: \_\_\_\_\_

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

**Parental Permission and Acknowledgement of Conditions for Participation in Program**

1. I/We, parent(s) or authorized guardian(s) on the child named above give permission for his/her participation in the following youth ministry programs (list):

***Confirmation Program, Lifeteen, EDGE, Youth mass/Unity Days***

2. I/We agree to direct my/our child to cooperate and comply with reasonable directions and instruction 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 any youth ministry activity, whether or not caused by the negligence of the parish, youth ministry programs employees, agents or volunteers or other participants.
4. I/We understand that children participating in youth ministry activities risk injury to the body, psyche or property damage to themselves and others. Such injuries can be cause by other persons or accidentally or intentionally self inflicted, faulty equipment of facilities, conditions of recreational 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 the activities of the youth ministry program, use the equipment provided and to enter the premises or facilities of the Diocese of Oakland 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, directors, employees, agents and volunteers (hereafter referred to as "Releasees") 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 minor child, or undersigned parent or guardian, whether caused by negligence or other conduct by the Releasees while the minor child, parent or guardian is participating the youth ministry activities or in, upon or about the premises of the Diocese or any of its facilities or equipment.
2. To indemnify and hold harmless the Releasees from any loss, liability, damage or cost it may incur due to the presence of the minor child, parent or 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.
3. The parent or guardian 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.

I have read this Agreement and understand everything written above.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date