

# St. Anthony of Padua

## Confirmation 11 2010-2011

11<sup>th</sup> – 12<sup>th</sup> grade Please print

### Student Information

First Name		Last Name	
Date of Birth		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address (street, city, zip)			
Home Phone		Cell Phone	
E-mail		Grade	
High School		Baptism Parish /Year	
Parish Registered		Eucharist Parish/Year	
Mass most attended	<input type="checkbox"/> 5:15 <input type="checkbox"/> 8 <input type="checkbox"/> 9:30 <input type="checkbox"/> 11 <input type="checkbox"/> 1 <input type="checkbox"/> 6	Parish I attend	

**T-shirt size** men's sizes circle one **small medium large extra large**

### Family

Teen Lives With:  Mother and Father  Mother  Father  Other: \_\_\_\_\_

Siblings (Name, Age, & Grade):

### Please Print

Mother	
Full Name	
Religion	
Work Phone	
Cell Phone	
E-mail	

Father	
Full Name	
Religion	
Work Phone	
Cell Phone	
E-mail	

Please note that the annual \$75 registration fee will go towards administrative and operational expenses for Confirmation. If you have any concern about the fees, please contact me or the pastor. **Please do not let financial concerns stand in the way of registering your child or children.** Thank you for your support.

### For Office Use Only

Year 2 fee paid  Full  Partial  None  
 Check # \_\_\_\_\_ Date: \_\_/\_\_/\_\_  
**Bap. Cert.** \_\_\_\_\_ **1<sup>st</sup> com. Cert.** \_\_\_\_\_

**Turn over and complete.**

**Parent Life**

- I am interested in becoming a member of the support team and help in the following area(s):
  - Provide Food
  - Chaperon at an Event
  - Be a Driver
  - Set Up / Clean Up
  - Sorry, I am unable to commit to any volunteer services at this time

**Parental Agreement**

In Signing this form, I acknowledge that the information I have given is accurate. I agree to direct my child to cooperate with the rules and instructions of the ministry and parish. In the even that my child consistently misbehaves and/or acts inappropriately, I agree to be contacted by the youth leader and pick up my child from the event. If the problem continues to persist, I understand that my child may be removed from the program for the remainder of the year.

Parent / Guardian Signature:	Date:
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**Teen Survey**

To be filled out by teen:

Sports / Hobbies		Leisure activities	
School Clubs		Memberships (scouts, etc.)	
Favorite TV Shows		Favorite Bands	
Hang Out Spots		Favorite Books	
Facebook			
Personal Goals		College you want to attend	
How You Spend Your School Vacations			
Top 3 areas to serve	<input type="checkbox"/> Liturgy <input type="checkbox"/> Social Justice <input type="checkbox"/> Environment <input type="checkbox"/> Fundraisers <input type="checkbox"/> Media <input type="checkbox"/> Skits		
What do you want to get out of Confirmation?			

**Please include emergency form, copy of Baptism certificate and Eucharist Certificate.**

**St. Anthony of Padua**  
**5770 N Maroa**  
**Fresno, Ca. 93704**  
**Phone:559-439-0124 x111 Fax: 559-439-3050**  
**Email: Sharon Christison: schristison@stanthony.org**

**Sponsor Information (sponsor must be fully Initiated)**

Sponsor's Name: _____	Address: _____
Home Phone: _____	cell phone _____

**\*\*\*THIS FORM MUST BE COMPLETED AND RETURNED AT THE TIME OF REGISTRATION\*\*\***

**TO THE PARENT/LEGAL GUARDIAN:** You must give permission on this annual form for your child to attend and participate in parish-sponsored events and activities during this calendar year. You will also be required to sign permission forms for your child to participate in specific parish-sponsored events, activities, and sports conducted off parish grounds.

<b>Name of Child:</b>	<b>Year: 2010-2011</b>
<b>Name of Parent(s)/Guardian(s):</b>	<b>Parish Name: St. Anthony of Padua</b>

\*\* I, the undersigned parent or guardian, voluntarily wish to give permission for and request that my child be allowed to attend and participate in parish-sponsored events and activities during this calendar year including those conducted off parish grounds. My child is physically fit and capable of participation in parish events and activities. I agree to direct my child to cooperate and conform with directions, instructions, and rules given by parish personnel or agents, chaperones, or diocesan personnel responsible for all parish events and activities. If requested, I will sign a permission and release form for each specific event or activity conducted off parish grounds. I reserve the right not to have my child participate in parish-sponsored events.

\*\* I understand that participation in parish-sponsored events and activities, including those off parish grounds, involve some risk (including any travel to and from these events or activities) and that unforeseen events can occur. I am informed and agree that transportation, if involved, may be provided by parents, other private individuals, or commercial operators who are believed to be reliable and insured, but are not under the supervision or control of the parish.

\*\* In exchange for permitting my child to participate in the parish's activities, I waive and give up all claims (and the right to file a lawsuit) which I or my child (and our successors, heirs, and assigns) may have against the parish and Diocese of Fresno. I release and discharge the parish and Diocese of Fresno from all liability or responsibility from death, illness, personal injury, or property damage arising out of the parish activity and any transportation involved with the parish activity.

\*\* **In the event of an emergency**, and if the parish is unable to contact me, I authorize parish personnel or other adult leadership of a parish-sponsored event or activity, at my expense, to secure and consent to x-ray examination, medical, dental, or surgical diagnosis, treatment, and hospital care advised and supervised by a duly licensed physician, surgeon, or dentist. I expect to be contacted as soon as possible. I agree that if emergency medical or dental services are required for my child, the Diocese of Fresno will not be responsible to pay for any medical or dental expenses.

\*\* This permission, waiver, release, and consent applies to the parish named, and to The Roman Catholic Bishop of Fresno (a corporate sole), the Diocese of Fresno, Diocese of Fresno Education Corporation, all Diocese of Fresno schools, all parishes, affiliated organizations, and their officers, clergy, agents, and employees.

**(Continued on reverse side)**

\*\* This waiver and release form is signed in order for my child to participate in the parish's events and activities for my child's own personal enjoyment and benefit and is done so freely with full knowledge of the risk and dangers that are or may be involved.

\*\* I authorize any hospital which has provided treatment to the above named minor pursuant to the provisions of Family Code section 6910 to surrender physical custody of such minor to the diocesan or parish representative upon the completion of treatment. This authorization is given pursuant to Health and Safety Code section 1283.

**\*\* The following information is provided for the benefit of the parish:**

Daytime Phone Number(s) of Parent/Guardian	Nighttime Phone Number(s) of Parent/Guardian
Pager/Cell Phone Number(s)	Child's Date of Birth
Emergency Contact Other Than Parent/Guardian	Phone Number(s)
Allergies (food, drugs, insects, etc.)	
Medications (name, dosage, reason)	
Other information or specific health/physical considerations (Attach extra sheet if necessary)	
Insurance Carrier	Insurance Group or ID Number
Name of Child's Doctor	Phone Number
Name of Child's Dentist	Phone Number
Name of Child's Orthodontist	Phone Number

I, the undersigned, have read this release and understand all of its terms. I request that my child be allowed to participate in the parish's events and activities. I execute this form voluntarily and with full knowledge of its significance. I have discussed the above with my child, and my child is aware of and understands the importance of following all rules set out for the parish's events, activities, or sports. A copy of this form shall be as valid as the original authorization and may be given to the adult leader of the events, activities, or sports.

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

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

<b>FOR OFFICE USE ONLY: Date Release Received</b>	<b>Received By</b>
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