

St. Bede the Venerable

A Catholic Community ~ Here to Worship, Called to Serve

CONFIRMATION REGISTRATION FORM — YEAR 2 (2011-2012)

Section 1: Candidate Information

Student Name: _____
Last Name First Name Middle Name
School Attending in Fall '11 _____ Grade _____ Date of Birth: _____
Address: _____ City _____
Zip: _____ Teen's E-mail: _____
Teen's Cell: _____ T-Shirt Size: **XS S M L XL XXL**

Please
Attach
Photo

Section 3 Parent/ Guardian Information

Father / Guardian Info (address if different than above):

Name: _____
Address: _____
Email Address: _____
Home phone: _____
Work phone: _____
Cell phone: _____
Religion: _____
Marital Status: M D S W

Mother / Guardian Info (address if different than above):

Name: _____
Address: _____
Email Address: _____
Home phone: _____
Work phone: _____
Cell phone: _____
Religion: _____
Marital Status: M D S W

Section 4 Agreement

Parent/Candidate Commitment Agreement — We have read the program requirements and agree to be committed to the St. Bede's Confirmation Program by making it a priority to attend all required sessions, weekend retreat, and Sunday Mass.

Candidate's Signature _____

Father's Signature _____

Mother's Signature _____

Section 5 Fees and Deadlines

Registration:

- \$195 for Early Bird registration received by June 30, 2011
- \$205 for Regular registration received by August 15, 2011
- \$240 for Late registration received after August 15, 2011
- \$270 for unregistered parishioners
- 10% discount for each additional family member. Fees are non-refundable.

Check payable to St. Bede the Venerable Church (Checks to be deposited after July 1st.)
Please **submit form and payment to:** St. Bede Confirmation Preparation Program
215 Foothill Blvd., La Canada, CA 91011

For Office Use Only

Date Received: _____
By: _____
Registration Paid: _____
Retreat Paid: _____
Cash/Check # _____
Medical Release: _____
Comments: _____

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CONFIRMATION PREPARATION PROGRAM HEALTH AND MEDICAL RELEASE FORM FOR YOUTH

Name _____ Date of Birth _____
Address _____ Female _____ Male _____
City _____ Zip _____ Phone (____) _____

Is this participant in general good health and able to participate in all activities involved in this event?
YES _____ NO _____ (If no, please submit a statement indicating limitations or serious medical conditions.)

Date of most recent physical exam: _____ Physician or
Clinic: _____
Address _____ Phone: (____) _____

IMMUNIZATION HISTORY: (Please give dates)

DPT _____ DPT BOOSTER _____ TETANUS BOOSTER _____

ALLERGIES (Please write yes or no next to each)
Hay Fever _____ Asthma _____ Poison Ivy _____ Sulfa _____ Nuts _____
Penicillin _____ Bee Sting _____ Other _____

Medicines _____
If any of the above is yes, please submit a statement of how the child has been treated and with what medication. Any medication not able to be self-administered must be listed.

Operations or Serious Injuries: _____ Dates: _____
Please notify the event coordinator if this child is exposed to any communicable disease during the three weeks prior to activity.

Does the participant have any special dietary needs? If yes please list on reverse side of form.

AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR

I/We, the undersigned, parent(s) of _____ a minor, do hereby authorize as agent(s) **Theresa Costanzo or other adult catechists in the St. Bede Confirmation program**, for the undersigned to consent to any X-Ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medicine Practice Act of the medical staff of any licensed hospital whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of our for said agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable. I agree that in the event my child is injured as a result of his/her participation in this event, including transportation to and from such activity through the negligence (active or passive) of the **St. Bede the Venerable parish**, or any of any of its agents or employees, recourse for the payment of any resulting hospital, medical or related costs and expenses will first be had against any accident, hospital, medical insurance, or any available benefit plan of mine or my spouse.

I also, give my child permission to self-medicate except for medications which are listed on the back of this form. I understand that any medications so listed will be dispensed by the Director of First Aid for the Confirmation Preparation Program.

This authorization shall remain effective immediately.

Signature of parent(s)/guardian: _____ Date: _____

Emergency Telephone Number During Event (____) _____ Alternate Telephone (____) _____

Family Health Insurance Co: _____ Policy No. _____
(If possible please provide a copy of the insurance card)

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CONFIRMATION PREPARATION PROGRAM

RELEASE FOR MEMORIALIZING:

I, hereby, authorize the making of photographs, video, recordings, or other memorializing of said event and my child's participation therein, and the publication or other use thereof. I, hereby, waive any right to compensation therefore or any right that I otherwise might have to limit or control such making or use.

Parent/Guardian Signature _____ Date _____

EARTHQUAKE/DISASTER INFORMATION:

In the event of a major earthquake or disaster, your child will be held on the parish grounds and only be released to a parent/guardian or those adults listed below:

1. _____

Name	Address	City	Phone
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2. _____

Name	Address	City	Phone
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I hereby give consent for these adults to take my son/daughter home if I am unable to do so. I have notified each of them regarding this permission:

Parent/Guardian Signature _____ Date _____

Emergency out-of-state phone number to be used if local numbers cannot be reached:

Contact Name _____ Phone _____

FOR OFFICE USE ONLY:

Minor was picked up by:

Name	Date	Office Signature
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Name	Date	Office Signature
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