

**ST. WENCESLAUS CONFIRMATION PROGRAM
REGISTRATION & MEDICAL FORM**

**VALID
09/01/17 - 08/31/18**

Confirmation Sacrament Preparation Fee \$20 (this does not include the cost of the retreat)

YOUTH INFORMATION

Name _____ Date of Birth _____ Grade _____ Gender M F

Youth's Cell (_____) Youth's Email _____

Allergies (foods, drugs, insects, etc.) _____

Medications (name, dosage, reason) _____

Other information (injuries, etc..) _____

Insurance _____ Policy # _____ Last Tetanus _____

Family Physician _____ Phone (_____) _____

COMMUNICATION WITH YOUTH

In order to efficiently communicate, reminders and information may be sent via email, text messages and Facebook. Parent/Guardian authorization is required prior to communicating with youth. One parent/guardian listed below will receive a copy of emails or text messages sent to your child. Youth Ministry will not "friend" minors without parent/guardian permission. ***Please check the appropriate boxes and sign the back page.***

- Yes, email may be sent to my youth
- Yes, my youth may be sent text messages
- Yes, St. Wenceslaus YM Facebook/Instagram may friend my youth

PARENT/GUARDIAN INFORMATION

Parent(s)/Guardian(s) _____

Home Phone (_____) Dad's Cell (_____) Mom's Cell (_____)

Dad's Email _____

Mom's Email _____

Home Address _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____

Child is living with Both parents Mother Father Between both parents Grandparents Other _____

EMERGENCY INFORMATION

In case of illness, accident or emergency to the minor named above, the Archdiocese of Portland, St. Wenceslaus Church and its representatives are authorized to proceed as indicated below (thoroughly complete the following information and number each item 1, 2, 3, etc., in the order of desired action you wish us to take.)

Contact _____ Best Phone (_____) Alternate Phone (_____)

Contact _____ Best Phone (_____) Alternate Phone (_____)

Contact Family Physician (if possible) _____ Phone (_____)

Take Minor to Nearest Emergency Hospital _____

Other _____

PHOTO USAGE (St. Wenceslaus has no control over the use of photographs or film taken by media that may be covering events or by other.)

YES, St. Wenceslaus staff may use appropriate photos of my son/daughter for Facebook, Instagram, church website, bulletin, publications and in-church use. I understand no names will be published and that St. Wenceslaus Church has no control over tagging of my child, by others.

NO, St. Wenceslaus staff may not use photos of son/daughter for any purpose.

Activities:

_____ may participate in the following St. Wenceslaus Confirmation Program off-site activities

DATE	ACTIVITY	PARENT'S INITIALS
January _____, 2018	Confirmation Retreat (date to be determined)	
February 10, 2018	Confirmandi & Sponsor Service Project	
_____	_____	_____
_____	_____	_____
_____	_____	_____

Check all Sacraments received:

Baptism Baptized First
 Catholic Eucharist

--	--	--

Date of Baptism _____

Name of Church _____

Please provide a copy (not the original) of your youth's baptismal certificate to the Youth Ministry Office no later than **October 31, 2017**.

If you do not have a baptismal certificate, you may contact the church your youth was baptized at to request a certificate. If your youth was baptized at St. Wenceslaus church, we can access the information from the Sacrament Log Book.

I, a parent or legal guardian of the child named give my permission for my youth to participate in the above marked activities. I understand that I am responsible for any liability, which may result from actions taken by my child.

I understand that transportation may be by private vehicle, rental vehicle or bus, depending on the number of participants and the activity.

I fully understand the following: that there is a risk of injury involved in any activity; that my parish and the Archdiocese of Portland are not-for-profit entities; that the chaperoning adults involved are participating solely to benefit the youth involved with the activity; that due to the nature of the activity, there may be times when the activity precludes the staff, chaperones, and volunteers from being in direct supervision of my child at all times and that I understand that I am responsible for payment for any medical costs that may be incurred due to an accident or injury.

I grant permission and authorize treatment of my child by a licensed medical professional in case of any accident or illness that may arise during my child's participation in these activities. I hereby give permission for medical professionals to hospitalize, secure proper treatments for, and to order injection, anesthesia, or surgery for my child.

Parent/Guardian Printed Name _____

Parent/Guardian Signature _____ Date _____

OFFICE USE ONLY

Amount Received _____ Cash Check # _____ Received by: _____ Balance due: _____