



St. Mary's Confirmation Program Confirmation Registration Form

Dartmouth, MA
2015-2016

Emergency Contact and Medical Information for Student

| | | | | | |
|--------------------------|------------|--------------------------|------------|-----|---|
| _____ | | _____ | | M | F |
| Student's Name | | Date of Birth | | Sex | |
| _____ | | _____ | | | |
| Parent's/Guardian's Name | | Parent's/Guardian's Name | | | |
| () _____ | () _____ | () _____ | () _____ | | |
| Home Phone | Work Phone | Home Phone | Work Phone | | |
| _____ | | _____ | | | |
| Address | | Address | | | |
| _____ | | _____ | | | |
| City, ST ZIP Code | | City, ST ZIP Code | | | |
| _____ | | _____ | | | |
| Student's Email | | Parent's Email | | | |

Alternative Emergency Contacts

| | | | |
|---------------------------|------------|-----------------------------|------------|
| _____ | | _____ | |
| Primary Emergency Contact | | Secondary Emergency Contact | |
| () _____ | () _____ | () _____ | () _____ |
| Home Phone | Work Phone | Home Phone | Work Phone |
| _____ | | _____ | |
| Address | | Address | |
| _____ | | _____ | |
| City, ST ZIP Code | | City, ST ZIP Code | |

Medical Information

Hospital/Clinic Preference

| | |
|-------------------|---------------|
| _____ | _____ |
| Physician's Name | Phone Number |
| _____ | _____ |
| Insurance Company | Policy Number |

Allergies/Special Health Considerations

Medications

| |
|--|
| <p>Would you like to Receive Text Message Updates from Life Teen? Yes No</p> <p>If Yes, Cell Phone Number _____</p> <p>Cell Phone Company (AT&T, Verizon, etc...): _____</p> |
|--|

I give permission for my child to participate in the 2015 and 2016 activities, events and retreats sponsored by St. Mary's Parish, St. Mary's Confirmation Program and Youth Ministry Program. I understand and agree that I will be responsible for any costs, fees or other expenses related to my child, including but not limited to any damage done to other's property, return costs to home due to expulsion from any activities, events, and retreats, and/or medical costs. I understand that while participating in these activities, events, and retreats, my child must follow the instructions and directions provided by the adult personnel and that he/she must abide by the code of conduct policies. I understand that my child's failure to follow instructions, directions and/or the code of conduct may result in his/her immediate expulsion from the activity, event, retreat, Confirmation Program and/or Youth Ministry Program. St. Mary's Parish and Youth Ministry Program has sufficiently explained the nature, extent, and requirements of the various events held throughout the 2015 & 2016 year and I am aware of and accept the associated risks of participation in these events.

I agree to assume all responsibility associated with these events. I agree to release and hold the Parish and the Diocese of Fall River and their agents, employees, volunteers and representatives, forever harmless and indemnified against and from any and all claims or right of action for damages which my child has or hereafter may acquire either before or after the child has reached majority, including but not limited to all bodily injuries and property damages, and including any legal fees in defending such a claim, resulting from, arising out of, or during, or in any way connected with these events.

Photos and/or videos will be taken throughout the 2015 & 2016 activities, events, and retreats. Should you not want your child photographed or recorded, you must notify St. Mary's in writing, 789 Dartmouth Street, Dartmouth, MA 02748.

I grant to the Parish of St. Mary's, Dartmouth, MA and the Diocese of Fall River, its agents, employees, volunteers and representatives my permission to seek emergency medical attention for this child if, in their judgment, such attention is warranted and I am not immediately available to grant such permission. I agree to be in all ways responsible for any and all expenses associated with any and all medical care furnished to this child. I hereby certify that I am voluntarily signing this permission and medical release form; I intend to be legally bound by the terms of this document and fully understand its significance.

Print Parent/Guardian Name

Parent/Guardian Signature

Date

REGISTRATION FEE

Total Registration Fee is \$160 for the year – includes retreat costs, transportation costs, supplies for year, and Confirmation Robes. – Please check one below.

_____ I would like to pay the Confirmation Registration Fee today.

_____ I will mail in/drop off the Confirmation Registration Fee

_____ I will pay in installments. If making a deposit today place put amount of deposit here _____

_____ I can only pay a portion of the fee. Please put amount here _____

_____ I am unable to pay the Confirmation Registration at all.

PARENT VOLUNTERS

_____ I would like to volunteer with the Confirmation Program. Please contact me about various opportunities.

OFFICE USE ONLY

Confirmation Registration Fee:

AMNT DUE \$160.00 AMNT PAID _____ CASH _____ CHECK # _____ DATE _____