



CONFIRMATION REGISTRATION FORM

(Please complete these 3 registration forms)

- 1) Year 1 or Year 2 (**circle one**)
- 2) Provide a Copy of Baptismal Certificate (**Year 1 Only**)
- 3) Provide a Copy of First Communion Certificate (**Year 1 Only**)
- 4) Registration fee: \$100/student/year
- 5) School: _____ Grade: _____

CANDIDATE'S INFORMATION

Name: _____
First Middle Last

Date of Birth: _____ Place of Birth: _____

Date of Baptism: _____ Church Name: _____

Church of Baptism address: _____
City, State, Zip

Date of First Communion: _____ Church Name: _____

Church of First Communion address: _____
City, State, Zip

Email: _____ Cell Phone: _____

PARENTS INFORMATION

Father's Name: _____
First Middle Last

Mother's Name: _____
First Middle Last (Maiden Name)

Address: _____

City: _____ Zip: _____

Phone: _____ Language(s): _____

Email Addresses: _____

For Office Use:

SPONSOR NAME: _____
SAINT NAME: _____

**DIOCESE OF MONTEREY
 PERMISSION WAIVER AND RELEASE & CONSENT FOR TREATMENT FORM
 FOR PARISH/SCHOOL ACTIVITY/EVENT**

To the Parent/legal guardian: This is an agreement releasing the sponsoring parish/school before, during and after the activity/event. This form is also authorization for the adult supervisor to consent to any medical care needed by the minor, if the situation should arise.

This agreement releases the DIOCESE OF MONTEREY PARISH & SCHOOL OPERATING CORPORATION, also known as the DIOCESE OF MONTEREY, which will be referred to as the DIOCESE OF MONTEREY throughout this document, from any claims that the parent/guardian may have against the DIOCESE OF MONTEREY.

Activity/Event: All Confirmation and Youth Ministry Events at the San Carlos Cathedral

Starting Date: SEPTEMBER 2021 – JUNE 2022

Mode of Transportation: Personal Transportation

I, _____ (name of parent or legal guardian) parent or legal guardian of

_____ (name of child/ren) hereby give my permission for my child/ren to participate in the youth activity named above. I agree to direct my child/ren to cooperate and conform with directions, instructions and rules established by the chaperones, parish, school or diocesan personnel responsible for the above mentioned youth activity.

In exchange for permitting my child/ren to participate in the above named activity, to the extent permitted by law, I waive all claims for damages which I may have, or which may hereafter accrue to me or my child/ren against the DIOCESE OF MONTEREY, for death, personal injuries, and losses or injuries to property, real or personal, caused by or arising out of the above named activity/event. It is further understood and agreed that this agreement, waiver and release is to be binding on my successors, heirs and assigns.

In addition, to the extent permitted by law, I release and discharge in advance the DIOCESE OF MONTEREY and its officers, agents, employees, from any and all liability relating to the above named activity.

I agree and understand that transportation may be provided in such form and at the discretion of the DIOCESE OF MONTEREY.

My child/ren is/are physically fit and capable of participation in this event.

I authorize a representative of the DIOCESE OF MONTEREY into whose care the above named minor/s has been entrusted, to consent to and permit any and all necessary medical services for my child/ren to be rendered to him/her under the general or special supervision and upon the advice of a physician and surgeon licensed under the provisions of the California Medical Practice Act, to consent to and permit any x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care rendered to my child/ren by a dentist licensed under the provisions of the Dental Practice Act. I hereby give the representative of THE DIOCESE OF MONTEREY permission to use his/her judgment in obtaining medical services. I agree if medical services are required for my child/ren, THE DIOCESE OF MONTEREY will not be responsible for any medical expenses.

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 the above-mentioned diocesan representative to give specific consent to any and all such diagnosis, treatment or hospital care that the above mentioned physician in the exercise of his/her best judgment may deem advisable.

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

This authorization shall be in effect during all time that my child/ren is/are under the supervision of THE DIOCESE OF MONTEREY for the above mentioned event and shall remain effective until the minor/s returns from the event and is/are no longer under the supervision of the DIOCESE OF MONTEREY.

This waiver and release form is signed in order to participate in the above named event for my child/ren's own personal enjoyment and benefit and is done freely with full knowledge of the risk and dangers that are or may be involved. I, the undersigned, have read this release and understand all of its terms. I execute this voluntarily and with full knowledge of its significance.

I have discussed the above with my child/ren and he/she is aware of and understand the importance of following all rules set out by the supervisor(s).

Signature of Parent/Guardian: _____ Date: _____

Please provide the following:

Child's Name: _____

Date of Birth: _____ Male Female

Child's Name: _____

Date of Birth: _____ Male Female

Child's Name: _____

Date of Birth: _____ Male Female

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

Medications (name, dosage, reason) _____

Other information (injuries) or special health/physical conditions:

Insurance Information:

Insurance Carrier (Dependent Coverage): _____

Name of Policy Holder: _____ Policy Number: _____

Persons Authorized to Pick-Up Children:

Name: _____ Phone: _____

Name: _____ Phone: _____

My Child/ren may walk home from this program.

My Child may drive him/herself home from this program.

My Child requires a Child Safety Seat.

Person(s) to notify in case of an emergency:

Name: _____

Day Phone Number(s) _____ Evening Phone Number(s) _____

Name: _____

Day Phone Number(s) _____ Evening Phone Number(s) _____

Child/ren's Doctor: _____ Phone Number: _____

Child/ren's Dentist: _____ Phone Number: _____

Child's Name: _____



Diocese of Monterey

Photo/Video/Media Release Form & Release to Feature Student's Work

The Diocese of Monterey Parish & School Corporation, also known as and referred to as "Diocese of Monterey," are making a concentrated effort to promote the positive activities, honors, and work of our students. This effort includes working with the local media (newspapers, radio and television stations) and also developing our own publications. These publications include information, likenesses, and images, which may appear on websites of the Diocese of Monterey and its parishes, as well as in other publications.

During the time your child is a participant at **San Carlos Cathedral**, a parish of the Diocese of Monterey and herein referred to as "Parish," there may be opportunities for various students to be interviewed and/or photographed and identified by full name and Parish. We understand that some parents may request that we do not identify their child. **Please complete the form below to inform Parish of your wishes regarding publicity (complete a separate form for each child).** Please note, however, that your child's image or likeness may appear in occasional candid or group activity photos/videos without any type of name identification and the use of these types of photos/videos of your child is permissible.

Student Name (print): _____
Last First Middle

Parent/Guardian Name (print): _____
Last First Middle

Please initial in box:

I give permission for my child to be interviewed, identified, photographed or filmed for use in Diocese of Monterey and Parish publications, including, but not limited to, publication via website or other technological publications, videos, newspapers, radio, television, or development and fundraising materials.

I do not give permission for my child to be interviewed, photographed or filmed as indicated in #1.

By signing this release, I acknowledge that I hereby release and forever discharge the Diocese of Monterey and its officers, agents, and employees from and against any and all claims, damages or suits which may arise from the use of the Diocese of Monterey and/or Parish publications, press/media releases, or website, including, but not limited to, the activities and publicity mentioned above. If Parish does not receive this form from me, Parish will assume that I do not grant any of the permissions requested in this form. I understand this form will be kept on file at School. If a situation arises that may change my child's status regarding publicity, it is my responsibility to notify Parish in writing as soon as possible. New release forms will be required each school year.

Parent/Guardian Signature

Date