



# Confirmation

Please print and fill out completely



Youth's LAST Name \_\_\_\_\_ grade \_\_\_\_\_

FIRST & MIDDLE Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ School \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ Youth cell # \_\_\_\_\_

Youth email (one they really check!) \_\_\_\_\_

Parent #1 FULL Name \_\_\_\_\_ Cell # \_\_\_\_\_

Parent #2 FULL Name \_\_\_\_\_ Cell # \_\_\_\_\_

Mother's maiden name \_\_\_\_\_

Parent's email \_\_\_\_\_ home# \_\_\_\_\_

## *Baptismal information*

My child was baptized at Corpus Christi Church in Piedmont, CA

On or around this date: \_\_\_\_\_

A copy of my child's Baptismal Certificate is included with this registration

Church: \_\_\_\_\_

City, State: \_\_\_\_\_ Date \_\_\_\_\_

The Diocese requires a parent signature for all youth related events off campus. This signature will serve as the permission for the Spring retreat. Please familiarize yourself with the Diocesan Waiver and Permission forms and return any other permission slips when you receive them.

signature \_\_\_\_\_ date \_\_\_\_\_

Confirmation Fee: \$100 year one - \$200 year two  
Please return check, payable to Corpus Christi Church,  
and return with completed application

**Diocese of Oakland**  
**Office of Youth and Young Adult Ministry**  
**PARENTAL PERMISSION, HEALTH AUTHORIZATION, RELEASE FORM**  
THERE MUST BE A COPY OF THIS FORM AT ALL YOUTH MINISTRY ACTIVITIES

Child's Name \_\_\_\_\_ Parish \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Birth Date \_\_\_\_\_

Parent/Guardians Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Pager or other Number \_\_\_\_\_

IN CASE OF EMERGENCY, NOTIFY PERSON OTHER THAN PARENT/GUARDIAN:

Name \_\_\_\_\_ Phone \_\_\_\_\_

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**HEALTH AND MEDICAL INFORMATION**

Family Physician \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_

Medical Plan \_\_\_\_\_ Plan Number \_\_\_\_\_

Do you authorize the adult leader to authorize medical treatment for your child in an emergency, as considered necessary by the attending physician?  Yes  No

State any reasons why you do not want medical care given to your child in an emergency: \_\_\_\_\_  
\_\_\_\_\_

Has your child had difficulty with the following (circle all that apply):

Asthma Fainting Spells Convulsions Diabetes Heart  
Eyes Ears Nose Throat Lungs Digestion  
Menstrual Problems  
Other \_\_\_\_\_

List any physical restriction or restrictions for any activity on the basis of medical condition: \_\_\_\_\_  
\_\_\_\_\_

State the date of your child's last physical examination: \_\_\_\_\_

**(COMPLETE BACK OF FORM)**

**Parental Permission and Acknowledgment of  
Conditions for Participating in Program**

1. I/we, parent or authorized guardian of the child named above given permission for his/her participation in \_\_\_\_\_, and all related activities, including but not limited to transportation to and from this youth ministry event.
2. I/we agree to direct my/our child to cooperate and comply with reasonable directions and instructions from Youth Ministry staff or adult volunteer leaders.
3. I/we agree to be responsible for all medical expenses relating to injury of my/our child as a result of his/her participation in this event, whether or not caused by the negligence of parish, youth ministry program employees, agents or volunteers or other participants.
4. I/we understand that youth participating in youth ministry events risk injury to the body, psyche or property damage to themselves and others. Such injuries can be caused by other persons or facilities, vehicle accidents while in transport or through the activity itself.

**RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT**

In consideration for being permitted to participate in \_\_\_\_\_, use the equipment provided and to enter the premises or facilities of the Diocese of Oakland (Diocese) for any purpose including observation and participation in activities, the parent or guardian for him or herself and any successors in interest an on behalf of the minor child agrees:

1. To release, waive, discharge and promise not to sue the Diocese of Oakland, and its affiliated entities, its officers, directors, employees, agents and volunteers (hereafter referred to as "Releases") from all liability for any loss or damage, and any claim or demands therefore on account of serious or mortal injury to the body, injury to psyche or property of the participant, whether caused by negligence or other conduct by the Releases while the participant is participating in this event or in, upon or about the premises of the Diocese or any of its facilities or equipment.
2. To indemnify and hold harmless the Releases from any loss, liability, damage or cost it may incur due to the presence of the minor child, parent guardian in, upon or about the premises of the Diocese, its facilities or equipment, or while participating in any youth ministry activities whether caused by the negligence of Releasees or otherwise.
3. That the participant has read this Agreement, voluntarily signs the Agreement and that no oral representations, statements or inducements apart form the contents of this written Agreement have been made.

**Model Release Statement**

I hereby (*circle one*) GRANT/ DECLINE permission for my child(ren) named on this form to be photographed and/or videotaped during Youth Ministry & Faith Formation Activities and events; and for the resulting photographs and/or videotaped footage to be edited, if necessary, and be published and/or broadcast (newspaper, church bulletin, church/diocesan website, etc) for the purpose of promoting the activities of \_\_\_\_\_  
(Name of Parish)

I have read this Agreement and understand everything written above.

\_\_\_\_\_  
Signature of Parent or Guardian Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian Date \_\_\_\_\_