

YOUTH CONFIRMATION FORM

CANDIDATE INFORMATION

NAME *first, Middle, Last (please print clearly)* Grade

DOB POB Female/Male

ADDRESS *Street* *City* *Zip*

CANDIDATE *email* *Phone*

PARENTS NAME: *father* *Mother*

PARENT *email* *Phone*

SACRAMENTS RECEIVED

BAPTISM DATE Church

FIRST EUCHARIST DATE Church

A copy of your Baptismal & First Eucharist Certificates must be attached to this form

Parish you are registered in: St. Joseph Basilica St. Barnabas St. Philip Neri

ANNUAL FEE:

\$ 70.00 Textbook & Supplies

\$ 250.00 Confirmation Retreat (\$100.00 deposit)

Total \$ 320.00

Late Fee after September 1st \$ 10.00

Office used only

Received by: _____ Date: _____ Amount: _____

ST. JOSEPH BASILICA

1109 Chestnut Street / Alameda California 94501. Tel: 510-522-0181 . Fax 510-522-2864

Health and Medical Information

| | | |
|------------------|-------------|-------|
| Family Physician | Address | Phone |
| Medical Plan | Plan Number | |

List any physical restriction(s) for any activity on the basis of medical condition:

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

Parental Permission and Acknowledgment of Conditions for Participating in Program

1. I/we, parent/authorized guardian of the child named above given permission for his/her participation in St. Joseph Basilica, and all related activities, including but not limited to transportation to and from youth confirmation event.
2. I/we agree to direct my child to cooperate and comply with reasonable directions and instructions from youth confirmation staff or adult volunteer leaders
3. I/we agree to be responsible for all medical expenses relating to injury of my child as a result of his/her participation in this event, whether or not caused by the negligence of parish, youth confirmation program employees, agents or volunteers or other participants.
4. I/we understand that youth participating in youth confirmation 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 St. Joseph Basilica, use the equipment provided and to enter the premises or facilities of the Diocese of Oakland 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 confirmation ministry activities whether caused by the negligence of Releasees or otherwise.
3. That the participant had 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 named on this form to be photographed and/or videotaped during youth confirmation ministry 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 St. Joseph Basilica

I have read this Agreement and understand everything written above

| | |
|------------------------------|------|
| Signature of Parent/Guardian | Date |
|------------------------------|------|

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