

*St. Louis de Montfort Parish Registration Form*  
**CONFIRMATION**

**YEAR 2**

**PLEASE PRINT**

**COMPLETELY FILL OUT - ONE PER STUDENT**

<b>office use ONLY:</b>
Date _____
Amt Paid _____
Track I _____ II _____
Bapt. Cert. _____
Comm. Cert. _____
CC    ck    cash

STUDENT'S LAST NAME \_\_\_\_\_ MALE \_\_\_ FEMALE \_\_\_

STUDENT'S FIRST NAME \_\_\_\_\_ M.I. \_\_\_\_\_ AGE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

(EMAIL IS THE MAIN COMMUNICATION USED TO CONTACT YOU)

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

HOME PHONE \_\_\_\_\_

FATHER'S CELL \_\_\_\_\_ MOTHER'S CELL \_\_\_\_\_

FATHER'S FIRST NAME \_\_\_\_\_ MIDDLE \_\_\_\_\_ LAST \_\_\_\_\_

MOTHER'S FIRST NAME \_\_\_\_\_ MIDDLE \_\_\_\_\_ MAIDEN \_\_\_\_\_

**MOTHER'S CURRENT LAST NAME** \_\_\_\_\_

STUDENT'S DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH (CITY/STATE) \_\_\_\_\_

ARE YOU A REGISTERED PARISHIONER OF ST. LOUIS DE MONTFORT CHURCH? YES NO (CIRCLE ONE) IF NOT, WHERE ARE YOU REGISTERED? \_\_\_\_\_

**SACRAMENT INFORMATION**

CHILD'S BAPTISM CHURCH: \_\_\_\_\_ DATE \_\_\_\_\_

(ATTACH COPY OF BAPTISM CERTIFICATE IF BAPTIZED OUTSIDE OF ST. LOUIS DE MONTFORT\*)

CHILD'S FIRST COMMUNION DATE \_\_\_\_\_ (ATTACH COPY OF FIRST COMMUNION CERTIFICATE IF 1<sup>ST</sup> COMMUNION WAS DONE OUTSIDE ST. LOUIS DE MONTFORT\*)

\*IF ST. LOUIS DE MONTFORT IS THE CHURCH, COPY NOT NECESSARY BUT DATE IS NEEDED.

**TOTAL FEES: \$185.00 (Youth Day & Retreat: \$120.00, materials: \$65.00)**

**MEDICAL RELEASE FORM**

Any chronic illness or conditions of which the staff should be aware? (EG. Epilepsy, Food Allergies, Hyperactivity, Etc.) \_\_\_\_\_

\_\_\_\_\_

Is your child on regular or daily medication? No\_\_\_ Yes\_\_\_

Name of Medication(s) \_\_\_\_\_

In case of an Emergency, please notify (We will try the Parents/Guardian **FIRST**):

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

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

Emergency contact person (if you are not available): \_\_\_\_\_

Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**PARENT AUTHORIZATION AND MEDICAL RELEASE**

In consideration of the acceptance of my son/daughter/guardian into the St. Louis de Montfort Youth Ministry/Confirmation activities, I hereby waive any and all claims for damages against St. Louis de Montfort and its authorized personal of any kind in event any mishap that may arise out of participation in activities and/or arising out of travel to and from any meetings and activities.

I \_\_\_\_\_, having legal custody of \_\_\_\_\_  
(Parent or legal Guardian) (Participant)

authorize the authority of St. Louis de Montfort youth Ministry or Confirmation personnel, into whose care said person is entrusted, to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to said person under the provision of the California Medical Practice Act or to consent to a rendered care to the said person by a dentist licensed under the provisions of the California Dental practice Act. It is understood that this authorization is given to provide authority and poser on the part of the aforesaid agent(s) to give specific consent to any and all such exercise of their best judgment that may be deemed advisable. This authorizations given pursuant to the provisions of Section 25.8 of the Civil Code of California, and shall remain effective unless revoked in writing and delivered in advance to the attention of the St. Louis de Montfort Pastor, Confirmation Director, or Youth Minister.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**St. Louis De Montfort Youth Ministry  
Confirmation Program  
Behavior Agreement**

We sincerely hope that everyone registered in the parish Confirmation Program will participate actively, behave appropriately and respect the guidelines so that all will have the opportunity to safely enjoy this ministry program.

1. **THERE WILL BE RESPECT FOR PROPERTY**– the property of St. Louis de Montfort Church, retreat sites, youth day sites and surrounding areas should not be damaged, marked or vandalized in any way. Personal property should not be damaged or borrowed without permission.
  
2. **THERE WILL BE CONCERN FOR SAFETY AND RESPECT FOR THE LAW**- there will be no alcohol, non-prescription drugs, or tobacco consumed or in any student’s possession. Upon arrival at youth days and retreats back packs and bags will be checked for inappropriate items. There will be no physical abuse of others or excessive foul language. Fighting of any kind will not be tolerated or permitted.
  
3. **THERE WILL BE COOPERATION AND PARTICIPATION**- Everyone will get the most of this opportunity if we respect each other and participate. Participation includes attending Mass on Sunday as well as all of the requirements set forth in the program guide. Cell phones are not to be used at sessions or on retreats.

In the unfortunate event that they are needed, several consequences will be enforced within our program.

1. Verbal warning
2. Student meet with Confirmation Director
3. Student and parent(s) meet with Confirmation Director and/or pastor.

Unlawful, abusive or other inappropriate actions or behaviors of students may result in termination from the Confirmation program.

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**I have read and understand the behavior agreement for the Confirmation program:**

Student name \_\_\_\_\_

Student signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent/guardian name \_\_\_\_\_

Parent/guardian signature \_\_\_\_\_ Date: \_\_\_\_\_

Please return this portion of the form to the Confirmation office

**YOUTH & YOUNG ADULT MINISTRIES MODEL RELEASE STATEMENT**  
**St Louis de Montfort**

The SLDM Youth Ministry/Confirmation Program uses Social Media as a tool for promoting the program and evangelization. The program has an official Twitter, Instagram and Facebook page. It is imperative to understand the importance of using “social media” responsibly. We have to have permission from a minor’s parent/guardian before contacting the minor via social media or before posting pictures, video, and other information that may identify that minor. [For our SLDM official social media pages, everyone involved in the program is required to sign a *Model Release Statement Form* which grants SLDM Youth Ministry/Confirmation program permission to be photographed and/or videotaped during activities. Participants can decline. We cannot post pictures, videos, etc., of minors without parental consent. SLDM official sites will never post any full, one on one profile pictures of a minor-otherwise stated. Any pictures, videos published in such sites will be as a group, never individually].

The Youth Ministry/Confirmation program at St. Louis de Montfort is subjected to use social media responsibly under the code of conduct in accordance with the Archdiocese of Los Angeles’ regulations, The United State Conference of Bishops’ regulations and the law. For more information on social media guidelines, visit <http://www.usccb.org>, social media guidelines, ©2015- United States-Conference of Catholic Bishops. Through the course of Confirmation, we would like to capture those special moments during retreats or any youth ministry activities, and share them in our social media. By signing this permission slip, you hereby give permission to St Louis de Montfort Confirmation Program team to take photographs and/or videos as a group, never individually-otherwise stated.

I hereby grant permission to be photographed and/or videotaped during the Youth and/or Young Adult Ministry activities and events. I understand that I may decline to be photographed and/or videotaped at any time.

I further grant permission for the resulting photographs and/or videotaped footage to be edited, if necessary, and then published and/or broadcast for the purpose of promoting the Youth and/or Young Adult Ministry and/or programs at St. Louis de Montfort Catholic Church.

Name of Candidate (Please Print) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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I hereby decline to grant permission to be photographed and/or videotaped during Youth and/or Young Adult Ministry activities and events under any circumstances.

Name Candidate (Please Print) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**St. Louis de Montfort Church  
Youth Ministry & Confirmation  
5075 Harp Road  
Santa Maria CA, 93455  
Phone: (805) 937-0701  
Fax: (805) 934-2805**

**PERMISSION SLIP**

To: The Archdiocese of Los Angeles, it's priests, ministers, managers, supervisors, employees and volunteers; and St. Louis de Montfort Youth Ministry:

I hereby grant permission for my child: \_\_\_\_\_  
to participate in the Track 2 Confirmation Retreat at: TBA  
On the date: TBA at the time of: \_\_\_\_\_ to  
\_\_\_\_\_ Transportation to and from retreat provided by bus. Drop off and pick at SLDM parking lot.

I agree to direct my child to cooperate fully with the designated supervisory personnel in charge of the retreat. I agree that the supervisory personnel may obtain such medical services for my child as they, in their sole discretion, deem necessary. I agree that any licensed physician chosen by the supervisory personnel may render such medical testing, examination and treatment as is necessary and appropriate. I further agree to be responsible for and pay such fees and costs as may be incurred for such testing, examination and treatment.

I agree to release each of the above mentioned entities and persons from all liabilities for damages which may accrue to my child, except those liabilities which may arise out of actively negligent acts or omissions of any such entity or person. This release is given with knowledge of California Civil Code section 1542 which provides as follows:

“ A general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known to him must have materially affected his settlement with the debtor.”

I hereby waive the protections of said section 1542 in executing this permission and release.

Parent (s) / Guardian Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Dated: \_\_\_\_\_

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

Doctors Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Information \_\_\_\_\_

ID # of Insurance Holder or group ID: \_\_\_\_\_

Medical Information (Allergies, etc): \_\_\_\_\_

\_\_\_\_\_

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**Movie Release Form**

To: The Archdiocese of Los Angeles, it's priests, ministers, managers, supervisors, employees and volunteers; and St. Louis de Montfort Youth Ministry:

I hereby grant permission for my child: \_\_\_\_\_  
to watch parts of the movie The Passion of the Christ during the Year 2 Retreat as part of our meditation/ activity. Due to the graphic nature of this film, I am requesting the candidates to obtain a signed permission slip to view the movie as it is rated "R". Please turn this permission slip before the last week of February. Thank you.

Parent (s) / Guardian Signature: \_\_\_\_\_

Printed Name:

\_\_\_\_\_

Dated: \_\_\_\_\_