

**8th GRADE CONFIRMATION
REGISTRATION FORM
ST. FRANCIS OF ASSISI PARISH**

Full Name _____ School _____
(first) (middle) (last)

Address _____ City/State _____ Zip Code _____

Parents' Names _____

Parents' Emails _____

Parents' Cell Phones _____

List any health conditions or special needs: (such as heart disease, diabetes, epilepsy, severe allergies, asthma, etc.) and/or any daily medications:

Are you registered in St. Francis of Assisi Parish? YES NO

Check Sacraments received in the Catholic Church:

Baptism _____ Reconciliation _____ Eucharist _____

(All students must turn in a copy of their Baptismal certificate at the time of registration for Confirmation)

To enroll for the 2020 St. Francis Confirmation Preparation, please attach copy of your child's baptismal certificate to this form and bring them to the parent meeting (Wednesday, March 11 at 6:45pm) along with the \$10 retreat fee.

Questions? Please contact Emily Savage at 722-4404 or esavage@stfranciswichita.com.

Please mark your calendar with the following dates:

Parent Meeting: Wednesday, March 11 at 6:45 p.m.

Grade 8 Retreat: Monday, October 5, at the Spiritual Life Center from 9 a.m.-3 p.m.

Confirmation Practice: Wednesday, November 18, from 6:30-8:00 p.m.

**Both the sponsors and the confirmandi are required to attend.*

Confirmation Mass: Saturday, November 21, at 5:00 p.m.

Signature of Participant _____ Date _____

Signature of Parent/Guardian _____ Date _____

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**St. Francis of Assisi Catholic Youth Ministry - Catholic Diocese of Wichita
Medical Release and Waiver**

PLEASE PRINT LEGIBLY IN INK:

Name of Participant _____ **Date of Birth** ____/____/____

Address _____ **City** _____ **State** _____ **Zip** _____

Phone # (____) _____ **M** **F** **Height** _____ **Weight** _____ **Age** _____

Emergency Contact # 1 Name: _____ **Relationship to participant** _____

Address (if different from participant) _____

Contact Home or Cell Phone _____ **Contact Work Phone** _____

Emergency Contact # 2 Name: _____ **Relationship to participant** _____

Contact Home or Cell Phone _____ **Contact Work Phone** _____

Insurance Company _____ **Policy #** _____

List any Allergies/ Present medical conditions/ Activity and/or food restrictions:

List current medications and dosage: _____

Does Participant wear contact lenses? Yes ___ No ___

Medical Authorization:

I/We understand that the Catholic Diocese of Wichita and St. Francis of Assisi Catholic Church assume no responsibility for accidents which may occur in association with diocesan events and activities. I/We agree to use my/our personal insurance to cover any such incidents. I/We understand that, in the event medical intervention is needed, every attempt will be made to contact the persons listed above. In the event those individuals cannot be reached, I/We hereby give permission to the physician or any other qualified medical staff selected by the event leader to hospitalize, secure medical treatment, and/or order injection, anesthesia or surgery for Participant as deemed necessary.

Permission for Other Medical Matters:

___ **YES**, in the event it comes to the attention of the diocesan and/or parish chaperones that my child complains of illness, I grant permission for non-prescription medication (such as Tylenol, lozenges, etc.) to be given to Participant.

Waiver:

I understand all reasonable safety precautions will be taken at all times by the Catholic Diocese of Wichita and St. Francis of Assisi Catholic Church and its agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree to indemnify and hold harmless the Catholic Diocese of Wichita and/or St. Francis of Assisi Catholic Church, its leaders, employees and volunteer staff from any claim arising from or in connection with attending this event.

Code of Behavior:

I agree to abide by and/or instruct Participant to abide by all rules and regulations as outlined by the aforementioned chaperones/representatives. I agree that if I/Participant fail(s) to abide in any way by the rules, that I/Participant can be dismissed from the trip/event and sent home immediately at my/Participant's expense with no right of reimbursement or refund for any amount in connection therewith from the Catholic Diocese of Wichita or its chaperones/representatives.

Photo Release:

I hereby authorize the Catholic Diocese of Wichita, and its agents to utilize photographic and/or video images of me or my child by the Catholic Diocese of Wichita. In giving my consent, I hereby indemnify and hold harmless the Catholic Diocese of Wichita and it's agents from any and all responsibility or liability. I understand that I will receive no compensation, should any photograph and/or video of me or my child be used.

Signature of Participant _____

Date _____

Signature of Parent/Guardian _____

Date _____

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8th Grade Confirmation Student Information

This information will be used for our Confirmation records that will be kept in the church office and sent to the diocesan office.

Name of Child (First, Middle, Last)	
Confirmation Saint Name	
Age (at time of the Confirmation Mass)	
Place of Baptism (Church, City, State)	
Date of Baptism	
Father's Name (First, Middle, Last)	
Mother's Name (First, Middle, <u>Maiden</u>)	
Confirmation Sponsor Name	
Confirmation Date	8th Grade Confirmation: Saturday, November 21, at 5:00 p.m.

If you have more than one child being confirmed this year, and you would like your children confirmed at the same Mass, please email Emily Savage at esavage@stfranciswichita.com and we will make that happen.