

Minor Permission and Release Form

Program Confirmation I/II
Location Saint Boniface Church
Date June 2006 – June 2007

Name of Candidate _____
Last First Middle

Parent/ Guardian Name _____
Last First Middle

I, the parent (guardian) of the above named child, hereby give my permission for his, her participation in the above named activities. I agree to direct my child to cooperate and conform with directions and instructions of the parish, school, or diocesan personnel responsible for these activities.

As a condition of my child being allowed to do so, I hereby release and discharge the Diocese of Orange, its constituent organizations, including, but not limited to The Roman Catholic Bishop of Orange, a Corporation Sole, and their officers, employees, and volunteers from any and all claims for personal injuries or property damage that (s) he may suffer as a result of his, her participation in the activity described above, whether or not such injuries are caused by the negligence, active, or passive, or any of the entities, individuals named or described above.

I agree that in the event my child is injured as a result of his, her participation in the above named activities, including transportation to and from these activities, whether or not caused by the negligence, active or passive, of the parish, school or diocesan youth activities program, or any of its agents or employees, recourse for the payment of any resulting hospital medical, dental treatment or related costs and expenses will be first be had against any accident, hospital, medical or dental insurance or any available benefit plan of mine or my spouse. I am not aware of any medical condition of my child which would render it inappropriate for him, her to participate in any activity.

I, hereby authorize the making of photographs, motion pictures, videotapes, recordings, or other memorializing of said event and my child’s participation therein, and the publication and duplication or other use thereof. I hereby waive any right to compensation or any right that I otherwise might have to limit or to control such making or use.

I hereby give permission to the physician, nurse, dentist, or licensed care staff selected by he supervisory personnel then present to render medical, dental or other appropriate treatment deemed necessary and appropriate by the physician, nurse, dentist or licensed care staff.

Parent/Guardian Signature _____ Date _____

Medical Information

Family Physician _____ Phone _____

Insurance Company _____ Policy Number _____

Allergies to drugs/food _____ Medical Restrictions _____

Is person under psychological care? Yes No

Medications, blood type, and other pertinent medical information:

Registration Fees One child \$70.00 Two children \$120.00 Three or more \$160.00

* Copies of the Baptismal and First Communion Certificates must be presented at time of registration.

<u>FOR OFFICE USE ONLY</u>		Total Family fee _____
Total Number of Students Registered _____		Amount Paid _____
Receipt Number: _____		Amount Owed _____
Names of family members in the Confirmation Program		
_____	_____	_____
Name	Group	Relation
_____	_____	_____
Name	Group	Relation
_____	_____	_____
Name	Group	Relation
Documents Presented <input type="checkbox"/> Baptismal Certificate <input type="checkbox"/> First Communion Certificate		
Notes		
<input type="checkbox"/> RCIA		

SERVICE HOURS LOG
(For office use only)

Liturgy			
Date	Hours	Description	Authorized Signature
Parish			
Date	Hours	Description	Authorized Signature
Community			
Date	Hours	Description	Authorized Signature

Registered in Computer