# SAINT MARY OF THE FALLS CONFIRMATION MINISTRY
## REGISTRATION 2023-2024

Candidate's Full Name:_____

Nickname:_____ Date of Birth:_____

Graduation Year:_____ High School:_____

Father's Name:_____

Mother's Name:_____

Home Address:_____

Parent/Guardian Preferred Phone:_____

Parent/Guardian Preferred E-mail:_____

******Most communication will take place via e-mail. Please make sure you provide one that you consistently use and check often.******

Candidate's Phone:_____ Candidate's E-mail:_____

Candidate's Previous Religious Education:
__ SMOF Grade School Grade __ thru __
__ Other Catholic Grade School Grade __ thru __
__ SMOF PSR/Edge Grade __ thru __
__ Other Catholic PSR Program Grade __ thru __

*In signing, I acknowledge that I have read and understand the expectations of the Confirmation program at St. Mary of the Falls and look forward to participating fully.*

**Parent/Guardian Signature**_____ Date _____

**Candidate Signature** _____ Date _____

## Sacramental Preparation Fee:

$50.00 per candidate
*Financial Assistance is available if needed.*
****Contact Jackie Swinerton at 440.235.2222 x124 or smofLifeTeenOffice@gmail.com with questions.*
*Please make checks payable to St. Mary of the Falls, memo Confirmation.*

**Office Use Only:**

Received _____ / _____ / _____ Check # _____ / Cash

Baptismal Certificate Y N Amount $ _____

**2023—2024 Life Teen & Confirmation**
**Photo & Medical Authorization**

**Photo/ Video Release:** I/we hereby give consent to photograph or videotape aforesaid participant and without limitation to use such photographs or videotapes and or stories in connection with any work of the St. Mary of the Falls Office without consideration of any kind, and I do hereby release the St. Mary of the Falls LIFE TEEN Office from any claims whatsoever which may arise in said regard.

Parent/Guardian's Signature _____ Date:_____

**Emergency Form**

***Purpose:*** This form enables the parent(s)/guardian(s) to authorize emergency treatment for children who become seriously ill or injured while under the authority of St. Mary of the Falls Life Teen when parent(s)/guardian(s) cannot be reached.

***Emergency Contacts:*** Please list the names, relationships, and phone numbers of two people to call in case *you cannot be reached* if your child becomes ill.

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

In the event reasonable attempts to contact me at _____ **(your phone number)** or _____ **(other parent's name)** at _____ **(phone number)** have been unsuccessful, I hereby give my consent for: 1) the administration of any treatment deemed necessary by Dr. _____ **(physician)** at _____ **(phone number)** , or Dr. _____ **(dentist)** at _____**(phone number)**, or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and 2) the transfer of my son/daughter to _____ **(preferred hospital)** or any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained before surgery is performed.

My health insurance carrier is: _____

Name of policyholder: _____

Policy/group/claim number: _____

The following include any allergies my child may have, any medication my child may be taking and any other facts to which a physician or dentist should be alerted:

_____

_____

_____

Parent/Guardian Signature: _____ Date: _____

++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++

**Refusal to Consent**

I do not give my consent for emergency medical treatment of my son/daughter. In the event of illness or injury requiring emergency treatment, I wish the program director to take no action or to:

_____

_____

I fully understand what is involved in the experience of Life Teen and foregoing the release form, and I understand I have the opportunity to call the St. Mary of the Falls LIFE TEEN Office (440) 235-2222 x124

Parent/Guardian Signature: _____ Date: _____