



ST. JAMES • ST. LEO
CATHOLIC COMMUNITY

ST. JAMES – ST. LEO YOUTH MINISTRY PREPARATION FOR CONFIRMATION

YOUTH INFORMATION: (Please Print Neatly)

Completed Year 1? Check here: ☐

Participant's Full name: _____
Age: _____ Birth Date: _____ Gender: M or F T-Shirt Size: S M L XL XXL
School Name: _____ Grade in 2019-2020: _____
Home Address: _____
City: _____ State: CA Zip Code: _____
Home Phone: _____ Youth Mobile Phone: _____
Youth Email: _____

PARENT/GUARDIAN INFORMATION: (Please Print Neatly)

Parent/Guardian 1: _____	Parent/Guardian 2: _____
Relationship to child: _____	Relationship to child: _____
Religion: _____	Religion: _____
Occupation: _____	Occupation: _____
Work Phone: _____	Work Phone: _____
Mobile Phone: _____	Mobile Phone: _____
Parent/Guardian Email: _____	Parent/Guardian Email: _____

Registered parishioners at St. James – St. Leo? ☐Yes ☐No

If not, where do you attend Mass? _____ Registered? ☐Yes ☐No

SACRAMENTS RECEIVED: Please provide name of parish, address and date of Sacrament

Parish Name:	City, State:	Date of Sacrament
Baptism: _____	_____	_____
1 st Communion: _____	_____	_____

****Please attach a copy of the Baptism Certificate with this registration form.**

EMERGENCY CONTACT:

In the event of an emergency, if you are unable to reach a parent/guardian, please contact the following persons(s):

Name: _____	Relationship to child: _____
Phone: _____	Mobile Phone: _____

INSURANCE INFORMATION:

Medical Insurance Company: _____	Policy No: _____
Address: _____	Phone: _____

FEE: \$125

FOR OFFICE USE ONLY

Fee Paid: _____ Check#: _____ Cash: _____ CC _____ Date Received: _____

CONSENT: I hereby consent to participation by my child in the parish-sponsored youth ministry. I hereby give my express and unqualified approval for my child's voice/verbal statements, written statements, portraits and/or video to appear in diocesan publicity, publications and/or public relations activities. The use of my child's voice/verbal statements, written statements, portraits and/or video may be used according to the sole discretion of the Diocese and is considered the property of the Diocese in perpetuity. No consideration, monetary or otherwise, shall be paid.

RELEASE OF LIABILITY: I hereby release and hold harmless the Diocese of San Diego, St. James-St. Leo Parish, and their employees, agents, representatives and volunteers from any and all liability and claims arising from any illness or injury to my child and for any loss of property arising during said child's participation.

COMMUNICATIONS: I hereby authorize leaders of St. James - St. Leo Youth Ministry to use organizational or group-sponsored means to contact my child in the following ways: (Please list contact information above.)

Text Messaging:	<input type="checkbox"/> contact child & parent/guardian	OR	<input type="checkbox"/> ONLY contact parent/guardian
Email:	<input type="checkbox"/> contact child & parent/guardian	OR	<input type="checkbox"/> ONLY contact parent/guardian
Social Media:	<input type="checkbox"/> contact child & parent/guardian	OR	<input type="checkbox"/> ONLY contact parent/guardian

(such as Facebook, Instagram, Snapchat, etc.)

SPECIFIC MEDICAL INFORMATION

MEDICAL MATTERS: I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. Details are enumerated below.

Allergic reactions (medications, foods, plants, insects, etc.): _____

Date(s) of last tetanus/diphtheria immunization(s): _____

Does child have a medically-prescribed diet (gluten-intolerance, lactose-intolerant, etc.)? ☐ No ☐ Yes

Any physical limitations? ☐ No ☐ Yes

Is your child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bedwetting, or fainting? ☐ No ☐ Yes

Has your child recently been exposed to contagious disease(s) or condition(s), such as mumps, measles, chicken pox or NIHI? ☐ No ☐ Yes

If "yes" has been marked for any of the above and/or the parish should be aware of this or any other medical condition(s) of my child, please explain in detail: _____

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. Initial: _____

OTHER MEDICAL TREATMENT: In the event it comes to the attention of the Parish/Diocese, its officers, directors, agents, chaperones, or representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, fever, diarrhea, or persistent sore throat, I understand I will be contacted for counsel on the proper steps and actions to take. Initial: _____

MEDICATIONS: My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well-labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows (diabetes, epi pen, etc.): _____

The information provided in this form is correct to the best of my knowledge. I understand that in signing this document, I authorize verification of this information through communication with any person or organization named herein. I release from liability any person or organization which provides such information as well as the Diocese and the Parish. Furthermore, in the event of any changes in the above information, I shall provide the same in writing to the parish.

Parent/Guardian Signature: _____ Date: _____