

ST. MARY'S CATHOLIC CHURCH
312 North Main St.,
Cambridge, VT 05444

Parish Administrator: Rev. Christopher Micale
Parish Office: 802-899-4632 Email: office@stthomasvt.com
Coordinator of Religious Education: Laura Lynch Wells
Religious Education Office: 802-899-4770 Email: rel.ed@stthomasvt.com

2017-2018 CONFIRMATION REGISTRATION & CONSENT RELEASE

CURRENT PARISH: _____ Parish Town: _____

FAMILY NAME: _____

Candidate's Full Name: _____

Age: _____ Birth Date: MM____/DD____/YYYY____ Sex: Male/Female Grade: _____

Father's Full Name: _____

Mother's Full Name: _____ Maiden: _____

Home Phone #: _____ Dad's Cell: _____ Mom's Cell: _____

Home Address: _____

Email: _____ Both Parents Catholic? Yes / No

Custodial Parent, if different from above: _____

Sacramental Information:

Church of Baptism: _____ Catholic: Yes/ No

Church Address: _____

City / State / Zip: _____

Attach copy of Annotated Baptismal Certificate from Church of Baptism.

Previous Religious Instruction:

Highest Grade Level Completed: _____

Church Name and Address: _____

High School Presently Attending? _____

Highest Academic Level Completed: _____

Health Insurance Provider: _____

Policy Number: _____

Personal Physician's Name: _____ Physician's Phone #: _____

Medical Conditions, Allergies, or Dietary Considerations: _____

Emergency Contact: _____ Relationship: _____

Parent / Guardian Authorization and Signature

By my signature below, as parent/guardian of a candidate in the Confirmation Program, I acknowledge, **by initialing each of the statements below**, that I have read and understand the provisions listed below and agree to be bound by all terms.

_____ **Authorization for Medical Treatment**

In the event of a medical and/or emergency situation during my absence, I hereby authorize necessary treatment, administration of anesthesia and/or surgical treatment(s) for my minor child/ward when deemed necessary by any physician, hospital medical staff or other appropriate medical personnel. I furthermore agree to release, indemnify and hold harmless the Roman Catholic Diocese of Burlington, St. Thomas Parish, their officers, directors, employees, staff members, volunteers and agents, from and against any and all claims for damages related to administration of emergency medical care as authorized in this statement.

_____ **Acknowledgement of Insurance Coverage**

I hereby acknowledge that neither the Roman Catholic Diocese of Burlington nor St. Thomas Parish are providing insurance coverage of any kind for any of the Confirmation candidates, including, but not limited to, life, health, accident, disability, liability, or any other kind of insurance whatsoever. I agree to undertake responsibility for any and all loss, damages, and responsibility to acquire insurance to provide the appropriate coverage (s) for the risks associated with participation in the Confirmation program.

_____ **Liability Release (includes transportation)**

I hereby release and agree to hold harmless the Roman Catholic Diocese of Burlington and St. Thomas Parish, their officers, directors, employees, staff members, volunteers, and agents from any and all liability, claims and/or damages for personal injury property loss or other damages which may result to my child/ward. I further state that my child/ward is physically fit and able to participate in the Confirmation program.

_____ **Media Release**

I hereby authorize the Roman Catholic Diocese of Burlington or St. Thomas Parish to use the name, voice and likeness of my child/ward in any manner, form or way relating to communication production in any media, and I hereby release these entities from any and all claims associated therewith in connection with the Confirmation program.

_____ **I give permission to give Contact Information to other participants.**

_____ **I give permission for St. Thomas Religious Education Office to use Contact Information to keep in touch after Confirmation.**

Date: _____ **Name of Candidate:** _____

Contact Phone #: _____ **Parent Signature:** _____

Registration Fee: \$45

Family discount is not applicable.

Office use only:

Date Received: _____ Cash Amount: _____ Check Amount: _____ Check #: _____