

**REGISTRATION
CONFIRMATION PREP 2016-17**

This information is necessary for our Sacramental records, so please fill out completely.

Candidate's Full Name _____
As it will appear on Confirmation certificate

Address _____

City & Zip _____

Contact Phone # _____

Contact E-mail _____



Date of Birth _____ Place of Birth _____

Name of Church where you were baptized: _____ Date _____

City and State _____

I received First Communion at (Church) _____

(If you were not baptized here at Prince of Peace, or did not receive your First Communion here, you must bring in a copy of your baptismal certificate by October 26, 2016)

Father's Name _____

Mother's First Name and Maiden Name _____

Dear Parents and Guardians,

We are asking you to make a commitment to the Confirmation process. At baptism you brought your child forward and made a commitment to raise him/her Catholic. You brought them to the table for Eucharist. Now, your youth is being asked to complete the Sacraments of Initiation, by making their own commitment to complete this faith journey. In this process, there are many important aspects we ask you to keep in mind as your child prepares: a) Attend Sunday mass weekly b) Pray for your child on their journey. c) Bring them to classes and the retreat. d) Help them find service opportunities. e) Encourage them to complete the written requirements. By signing below, you commit to help them along their journey toward Confirmation.

Parent Signature: _____

There is no fee charged for Confirmation. But donations towards expenses would be appreciated. Make checks payable to Prince of Peace. Then please place in **"Religious Education Donation" envelope or write "Religious Education Donation" your own envelope. And return to office or place in weekly collections basket.**

Donation amount: _____

Diocese of Orlando Parental/Guardian Medical Information & Consent Form

Participant's Name: _____ Date of Birth: _____

Address _____ City/State/Zip _____

Home Phone: _____

Father's Name: _____ Phone: _____

Mother's Name: _____ Phone: _____

Emergency Contact Name: _____ Phone: _____

Language Spoken by Emergency Contact: _____

Medical Matters

I hereby warrant to the best of my knowledge, all the information provided is true and correct and I assume all responsibility for the health of my child. I understand it is my responsibility to update the Medical Information & Consent Form if there are any changes to my child's health. (Please initial) _____

Emergency Medical Treatment

In the event of an emergency, I hereby give permission to transport my child to a hospital/clinic for emergency medical or surgical treatment. (Please initial) _____

Family Doctor _____ Phone _____

Medications

I hereby **Grant Permission** for my child to be given the following provided medications. All medications must be well labeled.

[NOTE: Any/all prescription medications must be in original pharmacy container with young person's name on the prescription label. Non-prescription/over-the-counter medications must be in original container with young person's name on the container.]

I release and hold harmless (entity name) _____, the Diocese of Orlando and any other religious, employees, volunteers, agents and representatives from any injury or harm resulting from administering the medication.

(Please initial) _____

Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency, are as follows:

Medication: _____ Dosage: _____ Administer: _____

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Medical Conditions Information: (Reasonable steps will be taken to keep this information confidential, but it will be shared with Diocesan personnel and others, as warranted.)

My son/daughter:

- Is allergic to the following medications _____
- Has had an episode of the following or has been diagnosed with: Seizures Asthma Diabetic
- Has had allergic reactions to the following (foods, dyes, latex, etc.) _____
- Has had a medical surgery within the last six months? Yes No Still under doctor's care? Yes No
- Has a medically prescribed diet (please explain) _____
- Has the following physical limitations _____
- Immunizations current and up to date? Yes No Date of last tetanus/diphtheria immunization _____
- You should also be aware of these special medical conditions of my child: _____

Insurance Information

No, I do not carry medical insurance at this time.

I do carry medical insurance at this time.

Insurance Carrier: _____ Name of Insured: _____

Insurance Policy Number: _____

In the event the participant does not have insurance, payment in full for medical care becomes the responsibility of the participant's parent/guardian.

I fully understand the foregoing statements and sign this Medical Information & Consent Form knowingly, freely, and willingly.

Parent/Guardian Signature (must sign for any participant under 18 &/or 18 or older & in high school)

Date

4/2013

Diocese of Orlando

Parental/Guardian Photography And Image, Assignment & Release Consent Form

Participant's Name: _____ Date of Birth: _____

Address _____ City/State/Zip _____

Home Phone: _____

Parent/Guardian's Name: _____ Cell Phone: _____ Work Phone: _____

PHOTOGRAPHY AND IMAGE ASSIGNMENT, WAIVER, AND RELEASE

I, _____, for valuable consideration received, and for being allowed access to Diocesan property, activities, or events, expressly assign to (name of entity) _____ and the Diocese of Orlando, and to all of their current, former, and future agents and related entities (collectively, "the Diocese"), all rights, title and interest in, and to, the use of my and my child/ward's image or likeness, including, but not limited to all videotape recordings, photographs, or audio recordings of, or made by, me and/or my child/ward on Diocesan property, during a Diocesan-sponsored event, or for any other Diocesan purpose ("the Property"). The Diocese shall have, without my consent, the right to assign its rights in the Property, in whole or in part, to any entity, parish, or school within the Diocese of Orlando.

I hereby irrevocably grant the Diocese perpetually and exclusively, the right to use and incorporate (alone or together with other materials), in whole or in part, the Property, in any Diocesan publication, news release, or for any other purpose. Further, I hereby authorize the reproduction, sale, lease, copyright, exhibition, broadcast and/or distribution of the Property without limitation for any purpose whatsoever, and I further waive all rights to any compensation for my and/or my child/ward's appearance or participation in the Property. I understand and have been advised that photographs or videotape of participants may be used in publications, websites or other materials produced from time to time by the Office of Youth and Young Adult Ministry and/or the Diocese. Participants' names would not be identified, however, without specific written consent. I further understand that the Diocese has no control over the use of photographs or film taken by media that may be covering the event in which my child(ren)/ward(s) participate(s).

I hereby waive any claims against and release the Diocese, its current, former, and future religious, employees, volunteers, agents, and successors and assigns from and against any and all claims, demands, actions, causes of actions, suits, costs, expenses, liabilities, and damages whatsoever that I and/or my child/ward may have against the Diocese in connection with the Property or the use of the Property.

This release shall not obligate the Diocese to use the Property or to use any of the rights granted hereunder, or to exhibit, distribute, or exploit the Property. I acknowledge that the Diocese cannot control all photographic access to its properties, and that my child/ward's name may be printed with photos/images in various publications, including non-Diocesan publications.

I represent that I am eighteen years of age or older, and that I have read and understand the terms of this Assignment, Waiver, and Release.

Signature of Parent/Guardian: _____

Date: _____