



Holy Rosary  
Confirmation  
Registration Packet  
2017 – 2018

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## **Confirmation Requirements 2017-2018**

The Sacrament of Confirmation is a 2 year process. Candidates are accepted beginning the 9<sup>th</sup> grade thru 11<sup>th</sup> grade. In the Confirmation program teens will be motivated to participate in small group discussions but it is ultimately the teen's choice to be an active participant. We encourage all teens to participate by asking questions or sharing thoughts. Below are some teen requirements:

### **1<sup>st</sup> year Candidates:**

- Attend all Confirmation Sessions, & Required Events.
- Attend Mass every Sunday (encouraged to serve and be at Teen Mass).
- Youth Point Activities.
- Complete 5 hours of community service.
- Life Teen Retreat November 3-5<sup>th</sup>, 2017 or Pan De Vida Retreat at IHM in Brentwood February 9-11<sup>th</sup> 2018.
- Parent Workshops - November 9<sup>th</sup> 2017 & January 18<sup>th</sup> 2018.
- Attend XLT – Date to be Determined

### **2<sup>nd</sup> Year Candidates:**

- Attend all Confirmation Sessions, & Required Events.
- Attend Mass every Sunday (encouraged to serve and be at Teen Mass)
- Youth Point Activities
- Complete 5 Hours of Community service.
- Cabin Away Retreat - March 16-18<sup>th</sup>, 2017
- Parent / Teen Retreat - Feb 3<sup>rd</sup>, 2017
- Penance Service - Date to be Determined
- 45 min. - 1 hour Exit Interview
- Confirmation Rehearsal - Date to be Determined
- Attend XLT – Date to be Determined

### **Candidates are encouraged to attend the following:**

- Participate in Liturgy as Usher, Greeter or Lector for Teen Mass
- Weekly Life Teen Youth Meetings
- Attend Walk for Life January 27<sup>th</sup>, 2017
- Attend Offered Service Events
- Sign-up for a Ministry
- Nights of Mercy
- Seek Sacrament of Reconciliation Frequently

### **Costs**

There is a \$110 registration fee for one teen, \$200 for two teens, or \$280 for three teens. These fees cover the costs of program materials throughout the year and are due upon registration. There will also be additional retreat fees for Year 1 and Year 2 retreats which will be due as retreat approaches. **PAYMENT IS DUE AT TIME OF REGISTRATION.** If you are in need of financial help you will need to set-up an appointment to see Director of Confirmation in order to register.

### **Mandatory Parent Night Info:**

There will be a Mandatory Parent/Teen Information session for all **1<sup>st</sup> year candidates on Tuesday, September 5th** at **6pm** (English) or **7:30 pm** (Spanish) in the Parish Center. Mandatory Parent/Teen information for **2<sup>nd</sup> year candidates is on Thursday, September 7th** at **6pm** (English) or **7:30 pm** (Spanish) in the Parish Center. Here you will find out about Parent/Sponsor requirements. We'll review the schedule and discuss expectations for the year. This is also a great time to ask any questions you may have.



\* To be eligible for the Confirmation Program candidate and their families must be active parishioners of Holy Rosary Parish or a Holy Rosary or CCD Graduate.

**Date of Registration:** \_\_\_\_\_ **Candidate Name:** \_\_\_\_\_

**Teacher Name:** \_\_\_\_\_

## Confirmation Registration Form

Legal Name _____				
	<i>Last</i>	<i>First</i>	<i>Middle</i>	
Address _____				
	<i>Number &amp; Street</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
Candidate Cell: _____				
Candidate Email Address (WRITE CLEARLY): _____				
School: _____		Grade: _____		
Birthdate: _____		Place of Birth _____		
Sacraments Received (Church/City/Date):				
Baptism: _____				
	<i>Church</i>	<i>City/State</i>	<i>Date</i>	
First Communion: _____				
	<i>Church</i>	<i>City/State</i>	<i>Date</i>	
Male ___ Female ___ T-Shirt Size (Adult Sizes) (Doesn't apply to 2 <sup>nd</sup> yr Candidates): _____				
Small Group Language Preference: English ___ Bi-Lingual (Eng/Span) ___				
Bible Language Preference: English ___ Spanish ___				
Session Day Preference (Depending on Availability): Wednesday ___ Sunday ___				
Confirmation Year: 1 <sup>st</sup> ___ 2 <sup>nd</sup> ___				

Father's Name \_\_\_\_\_

*Last* *First* *Middle*

Contact Info \_\_\_\_\_

*Home* *Father's Cell* *Father's E-mail* (WRITE CLEARLY)

Mother's Name \_\_\_\_\_

*Last* *First* *Middle*

Contact Info \_\_\_\_\_

*Home* *Mother's Cell* *Mother's E-mail* (WRITE CLEARLY)

Please Check:	Registered Holy Rosary Parishioner:	___ Yes ___ No
	Holy Rosary School Alum:	___ Yes ___ No
	Holy Rosary Religious Education Alum:	Yes No

**Make checks payable to Holy Rosary (add Confirmation to Memo Area)**

**PAYMENT IS DUE AT TIME OF REGSITRATION.**

If you are in need of financial help you will need to set-up an appointment to see Director of Confirmation in order to register.

### For Office Use ONLY:

Baptism Verification _____	Confirmation Fee: _____
Emergency Form _____	Retreat Fee: _____



### Emergency Care Information 2017 - 2018

CANDIDATE NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

PARENT/GUARDIAN NAME: _____	RELATIONSHIP: _____
CELL PHONE: _____	WORK PHONE: _____ OTHER: _____
PARENT/GUARDIAN NAME: _____	RELATIONSHIP: _____
CELL PHONE: _____	WORK PHONE: _____ OTHER: _____
HOME ADDRESS: _____	CITY & ZIP _____
HOME PHONE: _____	CANDIDATE CELL NUMBER _____
EMAIL: _____	

Persons other than parents authorized to be notified and/or to pick up my/our child(ren) in case of emergency or if parent/guardian cannot be reached (must list at least two):

NAME: \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_

#### CONSENT FOR TREATMENT

(I)(We), the undersigned parent(s) or legal guardian(s) of the above name child(ren), a minor, do hereby authorize a representative of **Holy Rosary Youth and Young Adult Ministry** as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care that is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the California Medicine Practice Act, on the medical staff of an accredited hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of the above mentioned agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care that the above-mentioned physician in the exercise of his or her best judgment may deem advisable.

This authorization shall remain effective until **June 30, 2018** unless sooner revoked in writing and delivered to the above-mentioned agent(s).

**I understand the parish does not assume responsibility for payment of a physician in any case. However, in an emergency, the parish may choose a physician? Yes \_\_\_\_\_ No \_\_\_\_\_**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip \_\_\_\_\_

Medical Plan: \_\_\_\_\_ Plan # \_\_\_\_\_ Group \_\_\_\_\_

Does your child have a **medical problem**? \_\_\_\_\_ Nature of medical problem? \_\_\_\_\_

Does your child have a **disability**? \_\_\_\_\_ Nature of disability? \_\_\_\_\_

Does your child have a **food allergy**? \_\_\_\_\_ Nature of food allergy \_\_\_\_\_



Candidate Name: \_\_\_\_\_ Teacher Name: \_\_\_\_\_

### Parental Permission and Acknowledgement of Conditions for Participation in Program

1. I/we, parent or authorized guardian of the child named above give permission for his/her participation in **Holy Rosary Confirmation Program**, and all related activities, including but not limited to transportation to and from this youth ministry event.
2. I/we agree to direct my/our child to cooperate and comply with reasonable directions and instructions from Youth Ministry staff or adult volunteer leaders.
3. I/we agree to be responsible for all medical expenses relating to injury to my/our child as a result of his/her participation in this event, whether or not caused by the negligence of parish, youth ministry program employees, agents or volunteers or other participants.
4. I/we understand that youth participating in youth ministry events risk injury to the body, psyche, or property damage to themselves and others. Such injuries can be caused by other persons or accidentally or intentionally self-inflicted, faulty equipment or facilities, conditions of recreational facilities, vehicle accidents while in transport or through the activity itself.

### RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

In consideration for being permitted to participate in **Holy Rosary Confirmation Program**, use the equipment provided and to enter the premises or facilities of the diocese of Oakland (Diocese) for any purpose including observation and participation in activities, the parent or guardian for him or herself and any successors in interest and on behalf of the minor child agrees:

1. To release, waive, discharge and promise not to sue the Diocese of Oakland, and its affiliated entities, its officers, directors, agents and volunteers (hereafter referred to as "Releases") from all liability for any loss or damage, and any claim or demands therefor on account of serious or mortal injury to the body, injury to psyche or property of the minor child, or undersigned parent or guardian, whether caused by negligence or other conduct by the Releases while the minor child, parent or guardian is participating in this event or in, upon or about the premises of the Diocese or any of its facilities or equipment.
2. To indemnify and hold harmless the Releases from any loss, liability, damage or cost it may incur due to the presence of the minor child, parent or guardian in, upon or about the premises of the Diocese, its facilities or equipment, or while participating in any youth ministry activities whether caused by the negligence of Releases or otherwise.
3. That the parent or guardian has read this Agreement, voluntarily signs the Agreement and that no oral representations, statements or inducements apart from the content of this written Agreement have been made.

I have read this Agreement and understand everything written above.

\_\_\_\_\_  
Signature of Parent or Guardian

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian

Date \_\_\_\_\_



Candidate Name: \_\_\_\_\_ Teacher Name: \_\_\_\_\_

### MODEL RELEASE STATEMENT

I hereby grant permission for my child to be photographed and/or videotaped during Youth and Young Adult activities and events. I understand that my child may decline to be photographed and/or videotaped at any time.

I further grant permission for the resulting photographs and/or videotaped footage to be edited, if necessary, and then published and/or broadcast for the purpose of promoting The Youth and Young Adult Ministry at Holy Rosary Church. Websites include Facebook, Twitter, Instagram, Youth and Young Adult Ministry Website and blog, and/or the Parish website and bulletin.

Parent Name (Print): \_\_\_\_\_ Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

I hereby decline to grant permission for my child to be photographed and/or videotaped during Youth and Young Adult Ministry activities and events. I have instructed my child to decline to be photographed and/or videotaped at all times. I have further instructed my child to notify the Youth and Young Adult coordinators and/or Core Team Members that he/she may not be photographed and or videotaped under any circumstances.

Parent Name (Print): \_\_\_\_\_ Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

### INFORMATION RELEASE STATEMENT

By signing here, I am giving Holy Rosary office staff permission to give my child's contact information to any/all teachers/tutors or other office staff involved in the faith formation ministry upon request. This permission can be revoked at any time by me with written notice.

Parent Name (Print): \_\_\_\_\_ Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

### The Information below is Confidential

Name of Child \_\_\_\_\_ Nickname: \_\_\_\_\_

Does your child have any special needs due to a learning disability, physical disability, reading difficulty, hearing impairment, emotional sensitivities, or any other reason?

Special Need(s), if any \_\_\_\_\_

Describe any allergy, chronic illness or other conditions: \_\_\_\_\_

Does this child take any medications? NO \_\_\_\_\_ YES \_\_\_\_\_

If yes, please list: \_\_\_\_\_

In case of emergency:

Name and relationship to child \_\_\_\_\_ Phone \_\_\_\_\_

**Below is for Office use only**

**Input Date:** \_\_\_\_\_ **Input by:** \_\_\_\_\_



Candidate Name: \_\_\_\_\_ Teacher Name: \_\_\_\_\_

Teens Please Complete.

Please check off ministries you're interested in.

**Liturgy/Mass:**

Altar Server \_\_\_ Lector \_\_\_ Usher \_\_\_ Choir \_\_\_ Greeter \_\_\_ Student Band \_\_\_

**Faith Formation and Fellowship:**

Bible Study \_\_\_ Retreats \_\_\_ Vacation Bible School Assistants \_\_\_ Mass Child Care Assistants \_\_\_

Edge Core \_\_\_ Teacher Assistant \_\_\_ LifeTeen \_\_\_ Jovenes \_\_\_

**Social Justice:**

Community Clean-up \_\_\_ Soup Kitchen \_\_\_ Food Drives \_\_\_ Child Care & Projects \_\_\_

Elder Care & Projects \_\_\_ Mobile Mall \_\_\_ Community Garden \_\_\_

Teen Name: \_\_\_\_\_

Preferred Method of Contact: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Email (Print Clearly): \_\_\_\_\_

