Confirmation Information

Note: This form registers you for the confirmation session.

Name: _____
(Last) (First) (Middle)

Address:_____

City:_____ State _____ ZIP _____

Confirmation Name _____

Church of Baptism* _____

Address of Church _____

City _____ State _____ ZIP _____

Date of Baptism _____ Date of Birth _____

Father's Name _____

Father's Religion _____

Mother's Name _____

Mother's Religion _____

I am choosing ____ LifeNights ____Online for my spiritual formation.
(Sunday 7:15-9:00 pm) (welcome2therevolution.com)

I will be attending _____ Day Retreat _____ Other Retreat
(April 25th) (i.e TEC, diocesan retreat, etc.)

***If you received the sacrament of baptism at a parish outside of Manitowoc we will need a copy of your baptismal certificate for our records**

Participant Information:

Participant Name: _____ Phone #: _____

Parent or Guardian's Name: _____ D.O.B: _____ / _____ / _____ Grade: _____

Participant Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

T-Shirt Size **S** **M** **L** **XL** **XXL**

Health Information:

Participants Doctor: _____ Phone: _____ Insurance Co. Name: _____

Medical Insurance: _____ _____ _____

(ID Number) *(Group Number)* *(Cardholder's Name)*

Participants Allergies, if any: _____

Participant's chronic medical problems (e.g. diabetes, epilepsy): _____

Participants other physical restrictions (if any): _____

Waiver:

I, _____ am the legal parent or guardian of the minor, _____ who will be participating in the St. Francis of Assisi LifeTeen Confirmation Program ("The Program"). In consideration of St Francis of Assisi's agreement to permit my child to participate in The Program, I agree as follows:

I, on behalf of my minor child, and our respective heirs, successors, assigns, and personal representatives hereby:

1.Release, acquit, and forever discharge St. Francis of Assisi LifeTeen and their employees, agents, servants, officers, trustees, and representatives, in their official and individual capacities, from any and all liability, loss or damage they incur or sustain as a result of any claims, demands, actions, causes of action judgments, costs or expenses, including attorneys fees, which result from arise out of or relate to my child's participation in The Program including his/her travel to or from The Program.

I hereby acknowledge and accept that:

1.There are certain risks arising from various activities, including but not limited to bodily injury, that could result from my child's participation in The Program. I have knowingly and voluntarily decided to assume the risks of these inherent dangers in consideration of St. Francis of Assisi's permission to allow my minor child to participate in the program;

2. My child's personal property is at his/her risk entirely;

3..St. Francis of Assisi reserves the right to remove my child should his/her actions violate the alcohol and drug policy, or endanger the welfare of any person at the sole discretion of St. Francis of Assisi LifeTeen. In such an event, I will be required to pick up my child at my own expense.

I represent and warrant that my child is covered throughout The Program by a policy of comprehensive health and accident insurance which provides coverage for injuries which he/she may sustain as part of his/her participation in The Program. I agree to complete the HEALTH INFORMATION above to the best of my ability, and, by its completion, I hereby release and discharge St. Francis of Assisi LifeTeen of all responsibility and liability for any injuries, illnesses, medical bills, charges or similar expense he/she may incur while participating in The Program. By completion I hereby release and discharge St. Francis of Assisi LifeTeen to obtain any necessary medical treatment for my child, consent to any necessary examination, treatment, or care under the supervision and/or advice of any properly licensed medical professional and explicitly authorize St. Francis of Assisi LifeTeen to release medical information about my child to any person or entity to whom St. Francis of Assisi LifeTeen refers my child to for medical treatment.

I agree that this Agreement is to be construed pursuant to the laws of the State of Wisconsin and is intended to be as broad and inclusive as permitted by law, and if any portion hereof is held invalid, it is agreed that the balance hereof shall continue to be in full legal force and effect. In addition, I agree that any legal action arising out of or in relation to this Agreement must be brought in a Manitowoc County, Wisconsin court.

I hereby grant to St. Francis of Assisi LifeTeen my consent without reservation to use, assign, convey, reproduce, or publish my child's name, voice, image, and/or likeness that arises from his/her participation in The Program, whether still or motion pictures, audio or video tape, for promotional, instructional, business or any other lawful purposes, at St. Francis of Assisi's sole discretion.

In signing this Agreement, I hereby acknowledge and represent that I have read this entire document, that I understand its terms and provisions, that I understand it affects my legal rights as well as, if applicable, those of my child, that it is a binding Agreement, and I have signed it knowingly and voluntarily.

Signed: _____Dated: _____; 200_____

Emergency Information:

Emergency Contact Name: _____Phone Number: _____