

## Confirmation Registration Checklist

Student's Name: \_\_\_\_\_

\_\_\_\_\_ Behavior Contract

\_\_\_\_\_ Handbook Agreement

\_\_\_\_\_ Medical Form

\_\_\_\_\_ Copy of Baptismal Certificate

\_\_\_\_\_ Release for Memorialization

\_\_\_\_\_ Online Registration

\_\_\_\_\_ Interview Sign-Up

\_\_\_\_\_ \$200 Registration Fee | Cash/Check # \_\_\_\_\_

**Our Mother of Good Counsel Church  
Confirmation Preparation Process**

**BEHAVIOR CONTRACT**

Everyone who attends Confirmation preparation sessions and/or any youth ministry events is encouraged to participate actively and behave appropriately so that all will have the chance to safely get the most out of their experience.

1. **RESPECT OTHER'S PROPERTY** – The OMGC church/ school grounds are surrounded by private residences. The personal property of others should not be damaged or used without permission.
2. **SAFETY, RESPECT and LIABILITY** –Non-prescription drugs, alcohol, physical or verbal abuse of others and inappropriate language are not allowed. Fighting of any kind will not be permitted. Candidates may not leave the church property before Confirmation sessions are over unless being picked up by a parent or guardian, this is for liability reasons.
3. **THERE WILL BE COOPERATION AND PARTICIPATION** – Everyone will get the most out of our confirmation process if we respect each other.

**Our confirmation program helps to prepare you to be an adult Catholic.** The third commandment and the teaching of the church require all Catholics to worship at Mass on Sundays and Days of Obligation. Hence, your weekly active participation at this prayer is a requirement.

**In safeguarding our youth, if one of these guidelines is not adhered to, appropriate actions will be taken:**

- A participant will receive a warning for the first minor offense, which includes lateness, truancy, leaving the premises, inappropriate touching, offensive language, and unruly behavior. After a second offense, a meeting will be scheduled with the parent and participant to determine other possible action. (For example, destruction of property would require payment of damages.) If a participant continues to display unacceptable and disruptive behavior, then he/she will be asked to leave the program.
- Any serious offense such as stealing; vandalism; excessive offensive language; sexual misconduct; use, possession or distribution of drugs or alcohol; weapon possession, and violent behavior including assault and battery will warrant immediate expulsion.

**I HAVE READ AND I UNDERSTAND THIS POLICY:**

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

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

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

SUGGESTED FORM FOR STUDENT/PARENT  
CERTIFICATION UPON READING HANDBOOK

PLEASE RETURN SIGNED FORMS TO PROGRAM DIRECTOR.

STUDENT STATEMENT

This is to certify that I have read the program handbook and hereby agree to abide by the rules and regulations contained in the book at all times while attending the youth ministry/confirmation program at [Name of Church]. I also understand that not adhering to these guidelines will warrant any appropriate actions by the coordinator – including termination from the program.

STUDENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT/GUARDIAN STATEMENT

I have read the program handbook and give my consent for [name of student] to attend [name of program/activity]. I hereby pledge my cooperation in urging that my daughter/son observe the rules and regulations which are laid out in the handbook. I also understand that not adhering to the rules and regulations will warrant appropriate actions by the coordinator and may include termination from the program.

PARENT/GUARDIAN'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Our Mother of Good Counsel Youth Ministry**  
2060 North Vermont Avenue, Los Angeles, CA 90027  
Tel: (323) 664-2111 Fax: (323) 664-0556

**HEALTH AND MEDICAL RELEASE FORM**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ Female \_\_\_\_\_ Male \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Is this participant in general good health and able to participate in all activities involved in this event?  
YES \_\_\_\_\_ NO \_\_\_\_\_ (If no, please submit a statement indicating limitations or serious medical conditions.)

Date: most recent physical exam: \_\_\_\_\_ Physician or Clinic: \_\_\_\_\_  
Address \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

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**IMMUNIZATION HISTORY:** (Please give dates)  
DPT \_\_\_\_\_ DPT BOOSTER \_\_\_\_\_ TETANUS BOOSTER \_\_\_\_\_

**ALLERGIES** (Please write yes or no next to each)  
Hay Fever \_\_\_\_\_ Asthma \_\_\_\_\_ Poison Ivy \_\_\_\_\_ Sulfa \_\_\_\_\_ Nuts \_\_\_\_\_  
Penicillin \_\_\_\_\_ Bee Sting \_\_\_\_\_ Other \_\_\_\_\_

**Medicines** \_\_\_\_\_  
If any of the above is yes, please submit a statement of how the child has been treated and with what medication. Any medication not able to be self-administered must be listed.

Operations or Serious Injuries: \_\_\_\_\_ Dates: \_\_\_\_\_  
Please notify the event coordinator if this child is exposed to any communicable disease during the three weeks prior to activity.

Does the participant have any special dietary needs? If yes please list on reverse side of form.  
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**AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR**

I/We, the undersigned, parent(s) of \_\_\_\_\_ a minor, do hereby authorize as agent(s) Our Mother of Good Counsel Parish staff and volunteers for the undersigned to consent to any X-Ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which 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 Medicine Practice Act of the medical staff of any licensed 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 our for said agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable.

I agree that in the event my child is injured as a result of his/her participation in this event, including transportation to and from such activity through the negligence (active or passive) of the Our Mother of Good Counsel Parish, or any of any of its agents or employees, recourse for the payment of any resulting hospital, medical or related costs and expenses will first be had against any accident, hospital, medical insurance, or any available benefit plan of mine or my spouse.

I also, give my child permission to self-medicate except for medications which are listed on the back of this form. I understand that any medications so listed will be dispensed by the Director of First Aid for the Youth Ministry/Confirmation Preparation Program.

This authorization shall remain effective from September 9, 2007.

Signature of parent(s)/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Telephone Number During Event ( ) \_\_\_\_\_ Alternate Telephone ( ) \_\_\_\_\_

Family Health Insurance Co: \_\_\_\_\_ Policy No. \_\_\_\_\_  
(If possible please provide a copy of the insurance card)

## RELEASE FOR MEMORIALIZING

I, hereby, authorize the making of photographs, video, recordings, or other memorializing of said event and my child's participation therein, and the publication or other use thereof. I, hereby, waive any right to compensation therefore or any right that I otherwise might have to limit control such making or use.

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