

**BLESSED SACRAMENT CONFIRMATION REGISTRATION 23-24**

Date: \_\_\_\_\_

**Fee: \$100 per Confirmation Student (Grade 10). Cost Covers Retreat, Materials, and Meals**

**Student Information**

Student Name (Last, First): \_\_\_\_\_ Age: \_\_\_\_\_

Sponsor: \_\_\_\_\_

Current School: \_\_\_\_\_ Grade (as of September): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Student E-Mail: \_\_\_\_\_

Sacraments Received (Circle): **Baptism, First Communion, Confirmation**

Date of Baptism: \_\_\_\_\_

Church of Baptism: \_\_\_\_\_ Was this a Catholic Baptism? YES or NO

City/State of Church of Baptism: \_\_\_\_\_

**Parent Information**

Father's Name (Last, First): \_\_\_\_\_

Mother's Name (Last, First): \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City and Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Father's Cell: \_\_\_\_\_ Mother's Cell: \_\_\_\_\_

Father's Email: \_\_\_\_\_ Mother's Email \_\_\_\_\_

\_\_\_\_ Please check here if you would like to discuss any special needs your child might have or accommodations your child might need to be successful in the program.

Please be assured that all children, regardless of circumstances or abilities, will be accommodated.

**Emergency Contact Information**

Name (Last, First): \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please return completed form w/ payment to Rachel Sugg [youthbscc@gmail.com](mailto:youthbscc@gmail.com) // (757)423-8305

**-PLEASE TURN OVER-**

# BLESSED SACRAMENT CONFIRMATION REGISTRATION 23-24

## Parent Support

How are you able to help? Please check at least one.

Donate snacks/food \_\_\_\_\_ Help prepare food \_\_\_\_\_ Help lead Confirmation Classes \_\_\_\_\_

Chaperone/Support during Confirmation Retreat \_\_\_\_\_

## Medical Release

I agree to indemnify the Blessed Sacrament Parish, Youth Ministers, Volunteers, and the Diocese of Richmond for any costs or expenses arising out of my child's participation in the activities including the cost of any medical care given my child or any expenses or fees incurred in any lawsuit arising as a result of any damage or injuries caused by my child in the course of his or her participation in the activity.

I further give my consent to that in my absence the above-named minor be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named minor.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## Catholic Diocese of Richmond Photo, Press, Audio, and Electronic Media Release

I authorize the Catholic Diocese of Richmond, its parishes and/or schools to use and publish the photographs and/or motion picture of videotape for which I have posed, and/or audio recordings made of my voice. I agree that the

Catholic Diocese of Richmond, its parishes and/or schools may use such photographs of me with or without my name and for any lawful purpose, including, for example, such purposes as publicity, illustration, bulletin, and Web content.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## Office Use Only

Date Paid: \_\_\_\_\_

Payment method(Circle one):                      Check                                      Cash                                      Online

Check #: \_\_\_\_\_

Please return completed form w/ payment to Rachel Sugg [youthbscc@gmail.com](mailto:youthbscc@gmail.com) // (757)423-8305

**-PLEASE TURN OVER-**