

CONFIRMATION REGISTRATION FORM 2022-2023

HIGH SCHOOL CONFIRMATION

Office of Faith Formation

625 111th Avenue North • Naples, Florida 34108

Phone: 239-566.8740, ext. 3909 Website: www.sjecc.com E-Mail: natalie@sjecc.com

1. Our Faith Formation Program is open to all children of our parish. If you are not a member of our parish, please complete a separate Family Parish Registration Form. Family Parish Registration Forms must be completed and submitted at the time you submit your Faith Formation Registration Form. Family Parish Registration Forms (New Parishioner Forms) can also be obtained at our Church website.
2. YOUTH NEW to our program must submit a copy of their Baptism Certificate & FIRST COMMUNION CERTIFICATE at the time of registration.
3. COMPLETE ALL FORMS and return to our Parish Office OR through the mail (above address) with check made payable to Saint John the Evangelist Catholic Church. Incomplete registration forms will not be processed.

STUDENT INFORMATION

_____ Returning Student and WAS enrolled 2021-2022 OR _____ New Student 2022-2023

First Name: _____ Last Name: _____ Shirt Size _____

Date of Birth: _____ / _____ / _____ Date of Baptism _____ Church of Baptism: _____

Grade (September 2022) _____ Known allergies or medical concerns _____

First Penance: Y/N (Circle One) First Communion Date: _____

CONFIRMATION Formation _____ YEAR 1 OR YEAR 2 (PLEASE CIRCLE ONE)

HIGH SCHOOL ATTENDING: _____

CONFIRMATION SPONSOR INFORMATION

(PLEASE HAVE THE SPONSOR COMPLETE SPONSOR FORM)

First Name: _____ Last Name: _____

EMAIL ADDRESS _____

COMPLETE MAILING ADDRESS: _____

CONFIRMATION SAINT INFORMATION

CONFIRMATION SAINT CHOSEN: _____

(Males choose male saints and females choose female saints).

Your Height : (For Confirmation Gown) _____

PARENT/GUARDIAN INFORMATION

Father: Last name: _____ First Name: _____ Religion _____

Mother: Last name: _____ First Name: _____ Religion _____

Guardian: Last name: _____ First Name: _____ Relationship _____

Home Address: _____

Email Address: _____

Phone Number: _____

CONFIRMATION REGISTRATION FORM 2021-2022

SACRAMENTAL PREPARATION

The Diocese of Venice requires that students must attend a minimum of two consecutive years of Faith Formation to receive the Holy Sacrament of Confirmation. Students must be at least 15 years old and in the 10th grade to be eligible to receive the Sacrament of Confirmation.

*Please check this box if this is your child's **second consecutive year** of Faith Formation and he/she will be receiving the Sacrament of Confirmation this school year.*

REGISTRATION FEES CONFIRMATION

\$100 YEAR 1 CONFIRMATION

\$100 YEAR 2 CONFIRMATION

PAYMENT INFORMATION

Payment/Registration: Total Amount \$ _____,00

Please Make checks payable to St. John the Evangelist Catholic Church and attach to this registration form. Cash, Check and Credit Cards are accepted in-person at our Parish Office.

ADDITIONAL FORMS (are attached)

The following forms of the Diocese of Venice are required to be completed as part of this registration:

1. COVID-19 WAIVER
2. MEDICAL AUTHORIZATION FOR MINOR
3. AUTHORIZATION FOR RELEASE AND USE OF STUDENT IMAGE IN PHOTO, VIDEOTAPE OR OTHER MEDIA
4. CONSENT, RELEASE OF LIABILITY AND INDEMNIFICATION FORM
5. PARENT/GUARDIAN CONSENT TO RELEASE MINOR TO THIRD PARTY
6. CHOSEN AGREEMENT (STUDENT READS TOGETHER WITH PARENTS AND SIGNS).

PLEASE NOTE:

1. **Baptismal certificates should be attached to registration paperwork if not already on file at St. John.**
2. **Students seeking Confirmation should attach First Communion certificates as well, unless it is already on file at St. John.**
3. **SPONSORS SHOULD COMPLETE THE SPONSOR FORM AND HAVE THEIR PASTORS SIGN.**



DIOCESE OF VENICE IN FLORIDA

Department of Education

PARENTAL/GUARDIAN COVID-19 CONSENT FORM AND LIABILITY WAIVER

Participant's name: _____ Birth date: _____ Sex: _____

Parent/Guardian's name: _____

Home address: _____

Home phone: _____ Business phone: _____

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and as a result, social distancing is recommended. ST. JOHN THE EVANGELIST Parish/School will follow state and local standards of conduct and has put in place reasonable preventative measures to reduce the spread of COVID-19 at its Parish/School activity (including but not limited to summer camp). However, even though such standards will be followed and reasonable measures put into place, Parish/School cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending the Parish/School activity could increase your risk and your child(ren)'s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and that my child(ren) and I may be exposed to or infected by COVID-19 by participating in the parish/school activity and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at ST. JOHN THE EVANGELIST Parish/School may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Parish/School employees, volunteers, and program participants and their families.

Considering the foregoing, however, I, _____, grant permission for my child, _____, to participate in this parish activity that may require transportation to a location away from the parish site, notwithstanding the risks associated with the COVID-19 virus and group activities.

I confirm that there are no necessary changes to the Medical Information Consent form for my child that I previously submitted. If there are any necessary changes, I will complete another Medical Information Consent form.

I further agree on behalf of myself, my child named herein, and my spouse, our heirs, successors, and assigns, to release, indemnify, hold harmless, and defend ST. JOHN THE EVANGELIST Parish/School and the Diocese of Venice in Florida, their members, directors, officers, employees, agents and representatives ("indemnitees") associated with the event arising from or in connection with the negligent acts or omissions of the indemnitees' in relation to prevention of the spread of the COVID-19 virus. I SPECIFICALLY ACKNOWLEDGE AND AGREE THAT I AM AGREEING TO DEFEND, INDEMNIFY AND HOLD HARMLESS THE INDEMNITEES' FROM THEIR OWN NEGLIGENCE IN REGARD TO THE INDEMNITEES' NEGLIGENT ACTION AND/OR INACTION IN REGARD TO PROTECTION AGAINST THE COVID-19 VIRUS.

Signature: _____ Date: _____

1000 Pinebrook Road, Venice, Florida 34285-6426

<http://www.dioceseofvenice.org/>

Main Number: (941) 484-0543 Direct Dial: (941) 441-1113 Facsimile: (941) 484-4775



DIOCESE OF VENICE IN FLORIDA

MEDICAL AUTHORIZATION FOR MINOR

NAME OF MINOR: _____ D.O.B. _____

PARISH/SCHOOL: **ST. JOHN THE EVANGELIST 2022-2023**

HOME ADDRESS: _____

PARENTS/GUARDIANS: _____ / _____

PHONE #s: CELL: _____ HOME: _____

WORK: _____

EMERGENCY CONTACT: _____

PHONE: _____

MEDICAL INFORMATION: Please list all pertinent medical information (for example, allergies, medications, physical impairments, or any other information necessary in an emergency situation). Explain fully:

In case of illness or injury of the above student, reasonable effort will be made to contact the parent(s)/legal guardian(s)/emergency contact. In case of a medical emergency, 911 will be called. In the event that the parents/ legal guardian(s)/emergency contact cannot be notified or are not available, I (we) authorize parish, school, or other pertinent diocesan officials to consent to any x-ray examination, anesthetic, medical or surgical treatment, and/or hospital care, as determined to be necessary and appropriate by a licensed physician in the State of Florida. This authorization is valid for a period of 1 year from the date of execution.

Signature of Parent or Legal Guardian

Signature of Parent or Legal Guardian

Date:



DIOCESE OF VENICE IN FLORIDA

**AUTHORIZATION FOR RELEASE AND USE OF IMAGE
IN PHOTO, VIDEO FILES OR OTHER MEDIA**

Name of Participant: _____ DOB: _____

School/Parish/Diocesan Entity: ST. JOHN THE EVANGELIST CATHOLIC CHURCH

I, the undersigned adult participant or parent/legal guardian of the above named minor participant hereby grant to the above named School/Parish/Diocesan Entity the following irrevocable rights:

1. To use the name, photograph, picture, portrait, voice, appearance, likeness, performance (hereinafter collectively known as "image") of the above named participant in connection with its educational, promotional, fund-raising activities, or for any other legitimate purpose;
2. The right to use, reproduce, publish, exhibit, distribute, and transmit the image of the above named participant individually or in conjunction with other images or printed matter in the production of brochures, slides, motion pictures, broadcasts (radio and television), audio or video files, recordings, still photography, CD-Rom and any other manner of media now known or later developed;
3. The right to use, reproduce, publish, exhibit, distribute, and transmit the image of the above named participant individually or in conjunction with other images or printed matter on the School/Parish/Diocesan's entity Internet web site. No personal information such as home address or phone numbers will be published;
4. The right to record, reproduce, amplify, edit, and simulate the above named participant's image and all sound effects produced; and
5. The right to copyright, in its own name, works that contain the image of above named participant; and
6. The right to assign the above-mentioned rights to third parties.

I understand that the video files, still photos, or other media incorporating the image the above named participant will become the property of the School/Parish/Diocesan Entity. I hereby waive the right to inspect or approve the image or any finished materials that incorporate said image.

I understand and agree that no compensation will be provided, now or in the future, in connection with the use of the above named participant's image, and nothing herein will create any obligation on the part of School/Parish/Diocesan Entity to make use of the rights or materials set forth herein.

I hereby release and forever discharge Frank J. Dewane, as Bishop of the Diocese of Venice, his successors in office, a corporation sole, ST. JOHN THE EVANGELIST CATHOLIC CHURCH Catholic School/Parish/Diocesan Entity, their agents, employees and assigns from any and all claims demand, rights, and causes of action of whatever kind that may arise from the use of above named participant's image, including all claims for libel and invasion of privacy.

I hereby certify that I am the above named participant or the parent/legal guardian of the above referenced minor, and I give my consent, without reservation, to the above agreement on behalf of myself or said minor. This agreement shall be valid for a period of four years from the date hereof, unless revoked in writing.

Adult Participant or Parent/Guardian Signature

Date

Address

Phone Number



DIOCESE OF VENICE IN FLORIDA

CONSENT, RELEASE OF LIABILITY AND INDEMNIFICATION FORM FOR TRIPS, PROGRAMS AND EVENTS

NAME OF PARTICIPANT(S)* _____ DOB: _____

**See attached list for all family members attending*

ADDRESS _____ PHONE: _____

ALTERNATE PHONE: _____ E-MAIL _____

SCHOOL/PARISH/DIOCESAN ENTITY ST. JOHN THE EVANGELIST

NAME OF TRIP, EVENT OR PROGRAM 2022-2023 FAITH FORMATION SCHOOL YEAR

I, the undersigned adult participant or parent/legal guardian of the above named minor participant (for myself and any named minor, our heirs, personal representatives, assigns and next of kin), request permission to participate in this particular event and/or the various field trips and other on and off site activities of the above school/parish/diocesan entity programs throughout the year. I understand that I will receive notice of scheduled field trips and events via an Event Notification Form, if applicable, and my signature consenting to my or my minor's participation shall also indicate the inclusion of the terms of this Consent, Release of Liability and Indemnification Agreement to each trip or event. In consideration for the agreement by the school/parish/diocesan entity to permit my/minor's participation, and intending to be legally bound, I, individually and on behalf of my youth, do hereby:

1. Release, discharge and covenant not to sue the Diocese of Venice in Florida and the Most Rev. Frank J. Dewane, Bishop of the Diocese of Venice, individually and as a corporation sole, the above Parish/School/Diocesan Entity; and their employees, clergy, agents and volunteers (hereinafter Releasees), from any claim, demand, action, or liability whatsoever on account of injury or loss to the person or property of minor child or adult in conjunction with said event, including travel to and from, whether caused by the negligence of the Releasees or otherwise, excluding acts of gross negligence or intentional misconduct;
2. Indemnify and hold harmless the Releasees and each of them from any loss, liability, damage or cost they may incur incident to adult or minor's participation in the above event, whether caused in whole or part by the negligence of Releasees or otherwise;
3. I do further agree that school/parish/Diocesan entity/Diocese of Venice officials, agents, and/or employees have the right to terminate the participation of the above named for reasonable cause, as determined within the discretion of the event/trip leader. In such event, only the funds not actually used will be refunded. I will be responsible for any and all travel costs incurred to return the above named early from the event/trip.
4. I understand that throughout the year I/my minor may be informed via an Event and Trip Notification Form of activities apart from those on-site activities which are school/parish sponsored. If I do not give permission and sign the Event and Trip Notification Form, I am responsible for myself or the supervision of my minor at such event should I choose to attend independently of the program, although agents, employees and volunteers of the school/parish youth program/Diocesan entity/Diocese of Venice may also plan to be present at such events.
5. I understand that the school/parish/Diocesan entity youth programs may include sports (football, swimming, wrestling, etc.) and/or other risky activities (rafting, etc.). These sports activities involve certain risks including, but not limited to, travel to and from the site of the activity, severe physical contact, and the possible reckless conduct of other participants. These risks also include, but are not limited to, serious

injury, potential for permanent paralysis, or death. The sporting activities may be conducted at sites that are at some distance from available medical assistance, and any equipment provided for protection may be inadequate in preventing serious injury.

6. I understand and assume the risks inherent with any extended event, which may involve certain risks beyond the reasonable control of the Parish/school/Diocesan entity and the Diocese of Venice, and their respective representatives, volunteers and agents. Such risks may include but not be limited to accidents, emergencies, exposure to nature and the elements, and/or negligence of the staff of the independent entity at the location of the event (not Parish or School staff). The Parish/school/Diocese or Diocesan entity disclaim any and all responsibility for any such risks by such independent vendors.
7. I am also aware that all reasonable care and supervision will be exercised by the Adult Chaperones to provide for the general well-being of my youth. However, I understand that there will be times when my youth is not directly supervised and it is impossible for the Adult Chaperones to supervise my youth every minute of every day while attending this program/event. I acknowledge placing my trust in my youth to adhere to proper standards of conduct and to follow the rules of the Group Leaders and Adult Chaperones, especially when not being directly supervised. I understand and assume the risks described above and those inherent with such a program/event.
8. I further represent that the above named is covered by accident and health insurance, and I agree to maintain coverage in full force and effect for the duration of the year. I have completed a Medical Authorization which is on file with the sponsoring school/parish/Diocesan entity in the event emergency medical care is required. I understand that the school/parish/Diocesan entity/Diocese of Venice provides no insurance which will cover my child in conjunction with future trips. I agree to full financial responsibility for any medical treatment provided to him/her.

Adult Participant Signature: _____ Date: _____

Parent/Guardian of a Minor Signature _____ Date: _____

*Additional family members participating:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____



DIOCESE OF VENICE IN FLORIDA

1000 Pinebrook Rd., Venice, FL 34285
(941) 484-9543

PARENT/GUARDIAN CONSENT TO RELEASE MINOR TO THIRD PARTY AND RELEASE OF LIABILITY/AGREEMENT TO INDEMNIFY

Diocesan Entity: ST. JOHN THE EVANGELIST Date of Event 2022-2023 FAITH FORMATION YEAR

I, the undersigned parent/guardian of the minor, _____,
hereby give permission for my minor to be released to the following adult: _____

(upon the provision of picture identification)
on the following date 2022-2023 FAITH FORMATION YEAR at such time or under such circumstances as are
identified herein: THE ABOVE MENTIONED MAY DROP OFF OR PICK UP MY CHILDREN FROM FAITH FORMATION AT
ST. JOHN THE EVANGELIST . (PARENTS WHO DO NOT WISH TO GIVE PERMISSION TO ANYONE AT THIS TIME MAY HOLD
ONTO THIS FORM AND TURN IN AS NEEDED. IN SUCH CASE CHILDREN WILL ONLY BE RELEASED TO THEIR PARENTS).

I understand that the parish/school may or may not know this third party and makes no representation regarding the individual’s character, criminal history, driving record, insurance, or fitness to supervise children. Upon the release of my minor to the above identified third party, the parish/school has no further responsibility for my minor’s care or well being whatsoever.

I hereby release school/parish/program, the Bishop, individually and as a corporation sole, and all agents, employees and volunteers of said parish/school/program (hereinafter collectively known as “church”) from any and all liability, including that arising from the negligence of the Church that may arise from acting in accord with the terms of this Consent. I hereby agree to hold harmless and indemnify Church from any claim that may be made against it arising from this Consent.

Parent/Guardian of Minor

Third Party Adult

Date Signed

Date Signed



CANDIDATE COMMITMENT

“For I know the plans I have for you, says the Lord, plans for welfare and not for evil, to give you a future and a hope.”

—Jeremiah 29:11

As a baptized Catholic, I am preparing for reception of the Sacrament of Confirmation, by which I will be more perfectly bound to the Catholic Church and enriched with a special strength of the Holy Spirit to spread and defend the Faith as a witness of Christ.

As a candidate for Confirmation, I promise the following:

- I will approach my Confirmation journey with an open mind and an open heart.
- I will attend and will fully participate in all *Chosen* sessions and activities.
- I will be respectful of the leaders and facilitators of the program and show appreciation for their time and effort.
- I will show respect to those in my class who are on the journey with me.
- I will attend Mass every Sunday and on all holy days of obligation.
- I will receive the Sacrament of Reconciliation before my Confirmation.
- I will accept more responsibility in my family, parish, and community by putting my talents and gifts at the service of others.
- I will commit to daily prayer, praying especially for growth in faith, hope, and love.

As I make these promises, I ask God to give me the grace to be open to his plans for my life—plans he reveals to me in prayer, in my talents and aspirations, and in the encouragement of those who know and love me. I place myself in the loving embrace of the Father, Son, and Holy Spirit in asking for help in fulfilling this commitment.

Name of Candidate (Print)

Signature of Candidate

Date

Witnessed by: _____
Signature(s) of Candidate's Parent(s)/Legal Guardian(s)

Saint John the Evangelist Catholic Church

SPONSOR ELIGIBILITY CERTIFICATE FOR CONFIRMATION



_____ has asked me to be his/her Confirmation Sponsor at St. John
(First and Last Name of Youth to be Confirmed)
the Evangelist Catholic Church. I understand that as sponsor, I shall do my best to take care
that _____ behaves as a true witness of Christ and faithfully fulfills the
(Name of Youth)

obligations inherent in this Sacrament. I am at least sixteen years of age, and I am a Catholic
who has received the sacrament of Confirmation and has already received the sacraments of
Baptism and the Holy Eucharist. I strive to lead a life of faith in keeping with the function to be
taken on and I am not in any canonical penalty with the Catholic Church.

I HEREBY AFFIRM, my faith in the Lord Jesus Christ and my fidelity to the teachings of the
Catholic Church.

I HEREBY AFFIRM that I practice my faith by regularly joining the Sunday celebration of Mass
and Communion.

I HEREBY AFFIRM, that I am a registered member of

(Name of Parish of the Sponsor) (City, State)

and fulfill my obligation to my parish to the best of my ability.

**I DO THEREFORE SOLEMNLY AFFIRM THAT I MEET ALL OF THE NECESSARY REQUIREMENTS TO
ACT AS _____ SPONSOR.**
(Name of Youth)

(Pastor Signature of Sponsor)

(Sponsor's Signature)

(Please Print Pastor's Name)

(Please Print Sponsor's Name)

SPONSOR'S EMAIL ADDRESS

Church Seal Here