## **CONFIRMATION REGISTRATION FORM 2023-2024**

## HIGH SCHOOL CONFIRMATION -YEAR 2 Returning Student

Last Name:		2802	STUDENT INFORMATION	Value of reached list for all lentity marries	
Student Phone for Flocknote Text    Student Email address:	First Name	e:	Last Name:	Shirt SizeShirt Size	
CONFIRMATION SPONSOR INFORMATION (PLEASE HAVE THE SPOSNOR COMPLETE SPONSOR FORM)  Sponsor Name: Sponsor Email:  CONFIRMATION SAINT CHOSEN: (Males chaose male saints and females choose female saints).  PARENT/GUARDIAN INFORMATION  Father: Last name: First Name: Religion  Mother: Last name: First Name: Religion  Mother: Last name: Phone Number: Relationship  Home Address: Phone Number:  Email Address: Phone Number:  Emergency Contact Name & Phone Number  PAYMENT INFORMATION  \$100 YEAR 2 CONFIRMATION 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.  MEDICAL AUTHORIZATION FOR MINORS: 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 Floirds This authorization is valid for a period of 1 year from the date fo execution.	Grade (Se	ptember 2023)			
CONFIRMATION SPONSOR INFORMATION (PLEASE HAVE THE SPOSNOR COMPLETE SPONSOR FORM.)  Sponsor Name: Sponsor Email:  CONFIRMATION SAINT CHOSEN: (Males choose made saints and females choose female saints).  PARENT/GUARDIAN INFORMATION  Father: Last name: First Name: Religion  Mother: Last name: First Name: Religion  Guardian: Last name: First Name: Relationship  Home Address: Phone Number:  Emergency Contact Name & Phone Number  FayMENT INFORMATION  \$100 YEAR 2 CONFIRMATION  Please Make checks payable to \$1. John the Evangelist Catholic Church and attach to this registration form. Cash, Check and Credit Cards are accepted in-person at our Parish Office.  MEDICAL AUTHORIZATION FOR MINORS:  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, schoo 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 Floirda This authorization is valid for a period of 1 year from the date fo execution.			aig ratendine -t of kin), reduest pechission lo	en jest tahvasandar hansan hahara tah nagi as	
CONFIRMATION SAINT CHOSEN:  (Males choose male saints and females choose female saints).  PARENT/GUARDIAN INFORMATION  Father: Last name:  First Name:  First Name:  Religion  Guardian: Last name:  First Name:  Relationship  Home Address:  Email Address:  Email Address:  Phone Number:  Emergency Contact Name & Phone Number  PAYMENT INFORMATION  YEAR 2 CONFIRMATION  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.  MEDICAL AUTHORIZATION FOR MINORS:  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 diccesan 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 Floirde This authorization is valid for a period of 1 year from the date fo execution.	7.086	or govern program of the open of the committee policies and	CONFIRMATION SPONSOR INFORMATION SPONSOR COMPLETE SPO	TION DNSOR FORM)	
CONFIRMATION SAINT CHOSEN:  (Males choose male saints and females choose female saints).  PARENT/GUARDIAN INFORMATION  Father: Last name: First Name: Religion Religi	Sponsor N	lame: // /// lo herter no bri	Sponsor Email:	ently to peace thy merce is parteriounce, and a	
Father: Last name: First Name: Religion Religion Religion Phone Address: Phone Number:		25 - 27 15 7 191	ONFIRMATION SAINT INFORMA	TION  Awarded as well as became and the gold and the Male  The property form. Street and the second and the sec	
Father: Last name: First Name: Religion	CONFIRI	MATION SAINT CHOSEN:	with said syont, it cludent travel to and from	roperty of rules child or seems argumetion	
First Name:		,			
Mother: Last name:First Name:			PARENT/GUARDIAN INFORMA	ATION	
Guardian: Last name: First Name: Religion	Father:	Last name:	First Name:	Religion	
Home Address:  Email Address:  Phone Number:  PAYMENT INFORMATION  YEAR 2 CONFIRMATION  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.  MEDICAL AUTHORIZATION FOR MINORS:  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 diocessan 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 Floirda This authorization is valid for a period of 1 year from the date fo execution.					
Emergency Contact Name & Phone Number  PAYMENT INFORMATION  Star 2 CONFIRMATION  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.  MEDICAL AUTHORIZATION FOR MINORS:  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 diocessan 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 Floirda This authorization is valid for a period of 1 year from the date fo execution.					
Emergency Contact Name & Phone Number  PAYMENT INFORMATION  Star 2 CONFIRMATION  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.  MEDICAL AUTHORIZATION FOR MINORS:  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 Floirda This authorization is valid for a period of 1 year from the date fo execution.				factivities apply from those on-life scavilles	
PAYMENT INFORMATION  S100 YEAR 2 CONFIRMATION 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.  MEDICAL AUTHORIZATION FOR MINORS:  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 Floirda This authorization is valid for a period of 1 year from the date fo execution.	nome A	adress.	and the pendently of the property in attraction	sy iminor at suo <mark>n event</mark> prouto <sup>†</sup> pagose to suk nd volonteets of the someohy as an vooth noor	
YEAR 2 CONFIRMATION 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.  MEDICAL AUTHORIZATION FOR MINORS:  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 Floirda This authorization is valid for a period of 1 year from the date fo execution.					
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.  MEDICAL AUTHORIZATION FOR MINORS:  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 Floirda This authorization is valid for a period of 1 year from the date fo execution.	Emerger	ncy Contact Name & Phone	Number	tel) sirvesa per one obre poo galleer	
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.  MEDICAL AUTHORIZATION FOR MINORS:  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 Floirda This authorization is valid for a period of 1 year from the date fo execution.			NAME OF THE PARTY		
MEDICAL AUTHORIZATION FOR MINORS:  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 Floirda This authorization is valid for a period of 1 year from the date fo execution.	\$100	는 사람들은 사람들은 다른 바다 마스터스트를 구르는 사람들은 그를 가려지다. 그리아 유민들은 유민들은 유민들은 경우 등을 하는데 일본들은 COL에 가는 그는 2010년 등을 하는데 그렇게 되었다.			
MEDICAL AUTHORIZATION FOR MINORS:  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 Floirda This authorization is valid for a period of 1 year from the date fo execution.		Please Make checks payable to <u>St. John the Evangelist Catholic Church</u> and attach to this registration form. Cash, Check and Credit Cards are accepted in-person at our Parish Office.			
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 Floirda This authorization is valid for a period of 1 year from the date fo execution.		certain risks			
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 Floirda This authorization is valid for a period of 1 year from the date fo execution.	Disease	list all partinant madical inf			
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 Floirda This authorization is valid for a period of 1 year from the date fo execution.	informat	tion necessary in an emerg	gency situation). Explain fully:	and the least of t	
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 Floirda This authorization is valid for a period of 1 year from the date fo execution.			commendation and plant we again	thus was not utilidianopper lie hos one mislos	
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 Floirda This authorization is valid for a period of 1 year from the date fo execution.		ot senareaed. Sm nadw as	r surrentetion and the overceed by the Adult C. However, I updote land that there will be firm	ovide for the acneral well-beam of my youth	
Signature of Parent or Legal Guardian	guardia parents or other and/or h	n(s)/emergency contact. I /legal guardian(s)/emerger pertinent diocesan official nospital care, as determine	n case of a medical emergency, 911 will ncy contact cannot be notified or are not s to consent to any x-ray examination, a ed to be necessary and appropriate by a	be called. In the event that the available, I (we) authorize parish, school nesthetic, medical or surgical treatment, licensed physician in the State of Floirda	
	Signatu	ure of Parent or Legal Gu	ardian Signature of F	Parent or Legal Guardian	

Date:

DIOCESE OF VENICE IN FLORIDA	
CONSENT, RELEASE OF LIABILITY AND INDEN	MNIFICATION FORM
FOR TRIPS, PROGRAMS AND EVENTS	
NAME OF PARTICIPANT(S)* *See attached list for all family members attendi	DOB:
ADDRESS	<del>-</del>
ALTERNATE PHONE:	PHONE:
SCHOOL/PARISH/DIOCESAN ENTITY	E-IVIAIL
NAME OF TRIP. EVENT OR PROGRAM: 2023-20	24 Faith Formation Program
the various field trips and other on and off site activities of understand that I will receive notice of scheduled field trip signature consenting to my or my minor's participation shall be be understand that I will receive notice of scheduled field trip signature consenting to my or my minor's participation shall be liability and Indemnification Agreement to each trip or eventity to permit my/minor's participation, and intending to 1. Release, discharge and covenant not to sue the Dioce Dewane, Bishop of the Diocese of Venice, individually ar Parish/School/Diocesan Entity; and their employees, cler from any claim, demand, action, or liability whatsoever or property of minor child or adult in conjunction with said evalued by the negligence of the Releasees or otherwise, misconduct;  2. Indemnify and hold harmless the Releasees and each may incur incident to adult or minor's participation in the athe negligence of Releasees or otherwise;  3. I do further agree that school/parish/Diocesan entity/Dihave the right to terminate the participation of the above the discretion of the event/trip leader. In such event, only	lian of the above named minor participant (for myself and any named next of kin), request permission to participate in this particular event and of the above school/parish/diocesan entity programs throughout the year ps and events via an Event Notification Form, if applicable, and my hall also indicate the inclusion of the terms of this Consent, Release of vent. In consideration for the agreement by the school/parish/diocesan of be legally bound, I, individually and on behalf of my youth, do hereby: the ese of Venice in Florida and the Most Rev. Frank J. and as a corporation sole, the above rgy, agents and volunteers (hereinafter Releasees), in account of injury or loss to the person or event, including travel to and from, whether excluding acts of gross negligence or intentional and them from any loss, liability, damage or cost they above event, whether caused in whole or part by spicese of Venice officials, agents, and/or employees named for reasonable cause, as determined within the funds not actually used will be refunded.
will be responsible for any and all travel costs incurred to 4. I understand that throughout the year I/my minor may to activities apart from those on-site activities which are spermission and sign the Event and Trip Notification Form my minor at such event should I choose to attend independent volunteers of the school/parish youth program/Diocespresent at such events.	be informed via an Event and Trip Notification Form school/parish sponsored. If I do not give  1, I am responsible for myself or the supervision of andently of the program, although agents, employees
5. I understand that the school/parish/Diocesan entity you wrestling, etc.) and/or other risky activities (rafting, etc.). including, but not limited to, travel to and from the site of the possible reckless conduct of other participants. These risk injury, potential for permanent paralysis, or death. The spat some distance from available medical assistance, and inadequate in preventing serious injury.	These sports activities involve certain risks the activity, severe physical contact, and the ks also include, but are not limited to, serious porting activities may be conducted at sites that are
6. I understand and assume the risks inherent with any experience of the Parish/school/Dioce respective representatives, volunteers and agents. Such remergencies, exposure to nature and the elements, and/devent (not Parish or School staff). The Parish/school/Dioce disclaim any and all responsibility for any such risks by such a last aware that all reasonable care and supervision provide for the general well-being of my youth. However, youth is not directly supervised and it is impossible for the minute of every day while attending this program/event. It adhere to proper standards of conduct and to follow the respecially when not being directly supervised. I understand program/event.  B. I further represent that the above named is covered by maintain coverage in full force and effect for the duration of Authorization which is on file with the sponsoring school/parendical care is required. I understand that the school/parendical care which will cover my child in conjunction with fut	esan entity and the Diocese of Venice, and their risks may include but not be limited to accidents, or negligence of the staff of the independent entity at the location of the cese or Diocesan entity such independent vendors. On will be exercised by the Adult Chaperones to I understand that there will be times when my expected a Adult Chaperones to supervise my youth every acknowledge placing my trust in my youth to sules of the Group Leaders and Adult Chaperones, and and assume the risks described above and those inherent with such accident and health insurance, and I agree to of the year. I have completed a Medical parish/Diocesan entity in the event emergency ish/Diocesan entity/Diocese of Venice provides no
or any medical treatment provided to him/her.	
Parent/Guardian of a Minor Signature  Additional family members participating:	Date:
f additional raining members participating:	