

**2017-2018 Faith Formation, Confirmation & Youth Ministry Registration Form**825 7<sup>th</sup> Street, Rodeo, CA 94572 (510) 799-4434, (510) 799-5681 fax

Website: www.stpatrickrodeo.org Email: ffe@stpatrickrodeo.org

**(ONE FORM PER FAMILY)**

<b>Amount Paid:</b> <i>(Circle)</i> Early reg. is \$5 off per child until 8/1/17 <b>\$65</b> (1 child) / <b>\$115</b> (2 children) / <b>\$155</b> (3 children) <b>\$185</b> (4+ children)	<b>Payment Date:</b> _____ By: _____ Cash \$ _____ Check # _____ / \$ _____
<b>Financial Assistance/Catechist/Volunteer</b> <i>(Scholarship Form required)</i>	<b>Payment Plan:</b>

**Family Information**

Last Name: _____	Other family names used: _____
Street Address: _____	
City/State/Zip: _____	Home Phone: (____) _____ - _____
Family Email: _____	Church family attends: _____

*Complete this section if child(ren) does not reside with birth parents.*

Stepfather/Guardian:	Stepmother/Guardian:
Religion:	Religion:
Work #: _____ Cell #: _____	Work #: _____ Cell #: _____

**Birth Parents Information****Marital Status:** *(circle)* Single / Married / Divorced / Separated / Widowed / Domestic Partners

First Name	Last Name	First Name	Last Name	Maiden Name
Father:		Mother:		
Religion:		Religion:		
Work #: _____	Cell #: _____	Work #: _____	Cell #: _____	
Email: _____		Email: _____		
Address <i>(if different from above)</i>		Address <i>(if different from above)</i>		

**Emergency Contact Information**

1 <sup>st</sup> Person <i>(Other than parents/guardians)</i>		2 <sup>nd</sup> Person <i>(Other than parents/guardians)</i>	
Name: _____		Name: _____	
Relationship: _____		Relationship: _____	
Home #: _____	Cell/Other #: _____	Home #: _____	Cell/Other #: _____
Email: _____		Email: _____	

**Emergency Information**Do you authorize the adult leader to authorize medical treatment for your child(ren) in an emergency, as considered necessary by the attending physician? *(circle)* Yes No If no, state any reasons why you do not want medical care given to your child(ren) in an emergency: \_\_\_\_\_

Family Physician: _____	Phone: (____) _____ - _____
Family Physician Address: _____	City/Zip: _____
Medical Insurance Name: _____	
Member ID #: _____	Group #: _____ Plan #: _____

## Parental Permission & Acknowledgement of Conditions for Participation in Program

List child(ren) registered in 2017-2018 St. Patrick Faith Formation & Evangelization Programs/Ministries:  
(First & Last Name and Grade Level)

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1. I/we, parent/authorized guardian of the child(ren) listed above give permission for his/her participation in the religious and social activities, and all related activities, including but not limited to transportation to and from programs(s)/event(s) sponsored by the Diocese of Oakland and St. Patrick Catholic Church, Rodeo, CA.
2. I/we agree to direct my/our child(ren) to cooperate and comply with reasonable directions and instructions from St. Patrick Faith Formation & Evangelization Office staff or adult volunteer leaders.
3. I/we agree to be responsible for all medical expenses relating to injury of my/our child(ren) as a result of his/her participation in these event(s), whether or not caused by the negligence of parish, St. Patrick Faith Formation & Evangelization Office employees, agents or volunteers or other participants.
4. I/we understand that youth participating in St. Patrick Faith Formation & Evangelization Office program/events risk injury to the body, psyche or property damage to themselves and others. Such injuries can be caused by other persons or accidentally or intentionally self inflicted, faulty equipment or facilities, conditions of recreational facilities, vehicle accidents while in transport or through the activity itself.

### Release & Waiver of Liability & Indemnity Agreement

In consideration for being permitted to participate in St. Patrick Faith Formation & Evangelization programs/events, use the equipment provided and to enter the premises or facilities of the Diocese of Oakland (Diocese) for any purpose including observation and participation in activities, the parent or guardian for him or herself and any successors in interest and on behalf of the minor child(ren) agrees:

1. To release, waive, discharge and promise not to sue the Diocese of Oakland, and its affiliated entities, its officers, directors, employees, agents and volunteers (hereafter referred to as "Releasees") from all liability for any loss or damage, and any claim or demands therefore on account of serious or mortal injury to the body, injury to psyche or property of the minor child, or undersigned parent or guardian, whether caused by negligence or other conduct by the Releasees while the minor child(ren), parent or guardian is participating in this event or in, upon or about the premises of the Diocese or any of its facilities or equipment.
2. To indemnify and hold harmless the Releasees from any loss, liability, damage or cost it may incur due to the presence of the minor child(ren), parent or guardian in, upon or about the premises of the Diocese, its facilities or equipment, or while participating in any St. Patrick Faith Formation & Evangelization activities/events whether caused by the negligence of Releasees or otherwise.
3. That the parent/guardian has read this Agreement, voluntarily signs the Agreement and that no oral representations, statements or inducements apart from the contents of this written Agreement have been made.

### Model Release Statement

I hereby (circle one) GRANT / DECLINE permission for my child(ren) named on this form to be photographed and/or videotaped during any St. Patrick Faith Formation & Evangelization activities and events; and for the resulting photographs and/or videotaped footage to be edited, if necessary, and be published and/or broadcast (newspaper, church bulletin, church website, etc) for the purpose of promoting the activities of St. Patrick Catholic Church, Rodeo, CA.

I have read and agree with all conditions stated in this participation/liability form.

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Signature of Parent/Guardian

Date

**1<sup>st</sup> Student**

**Program Choices:**  
Check all that apply

- Children Faith Formation  
(Preschool–5<sup>th</sup> Gr)
- Edge Middle School Ministry  
(6<sup>th</sup> - 8<sup>th</sup> Gr)
- Sacramental Preparation  
(Year 1)
- Sacramental Preparation  
(Year 2)
- Confirmation Ph. I  
(Year 1)  
(9<sup>th</sup> – 12<sup>th</sup> Gr)
- Confirmation Ph. II  
(Year 2)  
(10<sup>th</sup> – 12<sup>th</sup> Gr)
- Youth Ministry/  
LifeTeen  
(9<sup>th</sup> – 12<sup>th</sup> Gr)
- Other:

**First Name:** \_\_\_\_\_ **MI** \_\_\_\_\_ **Last:** \_\_\_\_\_

**Student** \_\_\_\_\_ **Student** \_\_\_\_\_ **Gender** \_\_\_\_\_  
**Email:** \_\_\_\_\_ **Cell #:** : (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Male / Female**

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Birthplace:** (City) \_\_\_\_\_ - \_\_\_\_\_ (State) \_\_\_\_\_

**School:** \_\_\_\_\_ **City of School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

List all conditions (such as allergies, seizures) for which this student requires ongoing medication and state the type and frequency of medication given: \_\_\_\_\_

Student had difficulty with the following **(check all that apply)**:

- Asthma  Fainting Spells  Convulsions  Diabetes  Heart  Eyes  Digestion
- Menstrual Problems  Other: \_\_\_\_\_

List any physical restriction or restriction for any activity on the basis of medical condition:  
 \_\_\_\_\_ Date of last physical examination: \_\_\_\_\_

**Sacraments:** (If baptismal certificate is not on file, please submit to the Faith Formation & Evangelization Office.)

**Baptized:**  No  Yes, Church: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

**1<sup>st</sup> Reconciliation:**  No  Yes, Church: \_\_\_\_\_

**1<sup>st</sup> Communion:**  No  Yes, Church: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

**Confirmation:**  No  Yes, Church: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

**2<sup>nd</sup> Student**

**Program Choices:**  
Check all that apply

- Children Faith Formation  
(Preschool–5<sup>th</sup> Gr)
- Edge Middle School Ministry  
(6<sup>th</sup> - 8<sup>th</sup> Gr)
- Sacramental Preparation  
(Year 1)
- Sacramental Preparation  
(Year 2)
- Confirmation Ph. I  
(Year 1)  
(9<sup>th</sup> – 12<sup>th</sup> Gr)
- Confirmation Ph. II  
(Year 2)  
(10<sup>th</sup> – 12<sup>th</sup> Gr)
- Youth Ministry/  
LifeTeen  
(9<sup>th</sup> – 12<sup>th</sup> Gr)
- Other:

**First Name:** \_\_\_\_\_ **MI** \_\_\_\_\_ **Last:** \_\_\_\_\_

**Student** \_\_\_\_\_ **Student** \_\_\_\_\_ **Gender** \_\_\_\_\_  
**Email:** \_\_\_\_\_ **Cell #:** : (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Male / Female**

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Birthplace:** (City) \_\_\_\_\_ - \_\_\_\_\_ (State) \_\_\_\_\_

**School:** \_\_\_\_\_ **City of School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

List all conditions (such as allergies, seizures) for which this student requires ongoing medication and state the type and frequency of medication given: \_\_\_\_\_

Student had difficulty with the following **(check all that apply)**:

- Asthma  Fainting Spells  Convulsions  Diabetes  Heart  Eyes  Digestion
- Menstrual Problems  Other: \_\_\_\_\_

List any physical restriction or restriction for any activity on the basis of medical condition:  
 \_\_\_\_\_ Date of last physical examination: \_\_\_\_\_

**Sacraments:** (If baptismal certificate is not on file, please submit to the Faith Formation & Evangelization Office.)

**Baptized:**  No  Yes, Church: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

**1<sup>st</sup> Reconciliation:**  No  Yes, Church: \_\_\_\_\_

**1<sup>st</sup> Communion:**  No  Yes, Church: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

**Confirmation:**  No  Yes, Church: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

**3<sup>rd</sup> Student**

**Program Choices:**  
Check all that apply

- Children Faith Formation  
(Preschool–5<sup>th</sup> Gr)
- Edge Middle School Ministry  
(6<sup>th</sup> - 8<sup>th</sup> Gr)
- Sacramental Preparation  
(Year 1)
- Sacramental Preparation  
(Year 2)
- Confirmation Ph. I  
(Year 1)  
(9<sup>th</sup> – 12<sup>th</sup> Gr)
- Confirmation Ph. II  
(Year 2)  
(10<sup>th</sup> – 12<sup>th</sup> Gr)
- Youth Ministry/ LifeTeen  
(9<sup>th</sup> – 12<sup>th</sup> Gr)
- Other:

**First Name:** \_\_\_\_\_ **MI** \_\_\_\_\_ **Last:** \_\_\_\_\_

**Student** \_\_\_\_\_ **Student** \_\_\_\_\_ **Gender** \_\_\_\_\_  
**Email:** \_\_\_\_\_ **Cell #:** : (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Male / Female**

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Birthplace:** (City) \_\_\_\_\_ - \_\_\_\_\_ (State) \_\_\_\_\_

**School:** \_\_\_\_\_ **City of School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

List all conditions (such as allergies, seizures) for which this student requires ongoing medication and state the type and frequency of medication given: \_\_\_\_\_

Student had difficulty with the following **(check all that apply)**:  
 Asthma  Fainting Spells  Convulsions  Diabetes  Heart  Eyes  Digestion  
 Menstrual Problems  Other: \_\_\_\_\_

List any physical restriction or restriction for any activity on the basis of medical condition:  
 \_\_\_\_\_ Date of last physical examination: \_\_\_\_\_

**Sacraments:** (If baptismal certificate is not on file, please submit to the Faith Formation & Evangelization Office.)

**Baptized:**  No  Yes, Church: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

**1<sup>st</sup> Reconciliation:**  No  Yes, Church: \_\_\_\_\_

**1<sup>st</sup> Communion:**  No  Yes, Church: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

**Confirmation:**  No  Yes, Church: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

**4<sup>th</sup> Student**

**Program Choices:**  
Check all that apply

- Children Faith Formation  
(Preschool–5<sup>th</sup> Gr)
- Edge Middle School Ministry  
(6<sup>th</sup> - 8<sup>th</sup> Gr)
- Sacramental Preparation  
(Year 1)
- Sacramental Preparation  
(Year 2)
- Confirmation Ph. I  
(Year 1)  
(9<sup>th</sup> – 12<sup>th</sup> Gr)
- Confirmation Ph. II  
(Year 2)  
(10<sup>th</sup> – 12<sup>th</sup> Gr)
- Youth Ministry/  
LifeTeen  
(9<sup>th</sup> – 12<sup>th</sup> Gr)
- Other:

**First Name:** \_\_\_\_\_ **MI** \_\_\_\_\_ **Last:** \_\_\_\_\_

**Student** \_\_\_\_\_ **Student** \_\_\_\_\_ **Gender** \_\_\_\_\_  
**Email:** \_\_\_\_\_ **Cell #:** : (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Male / Female**

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Birthplace:** (City) \_\_\_\_\_ - \_\_\_\_\_ (State) \_\_\_\_\_

**School:** \_\_\_\_\_ **City of School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

List all conditions (such as allergies, seizures) for which this student requires ongoing medication and state the type and frequency of medication given: \_\_\_\_\_

Student had difficulty with the following **(check all that apply)**:

- Asthma  Fainting Spells  Convulsions  Diabetes  Heart  Eyes  Digestion
- Menstrual Problems  Other: \_\_\_\_\_

List any physical restriction or restriction for any activity on the basis of medical condition: \_\_\_\_\_  
 Date of last physical examination: \_\_\_\_\_

**Sacraments:** (If baptismal certificate is not on file, please submit to the Faith Formation & Evangelization Office.)

**Baptized:**  No  Yes, Church: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

**1<sup>st</sup> Reconciliation:**  No  Yes, Church: \_\_\_\_\_

**1<sup>st</sup> Communion:**  No  Yes, Church: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

**Confirmation:**  No  Yes, Church: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

**Student**

**Program Choices:**  
Check all that apply

- Children Faith Formation  
(Preschool-5<sup>th</sup> Gr)
- Edge Middle School Ministry  
(6<sup>th</sup> - 8<sup>th</sup> Gr)
- Sacramental Preparation  
(Year 1)
- Sacramental Preparation  
(Year 2)
- Confirmation Ph. I  
(Year 1)  
(9<sup>th</sup> - 12<sup>th</sup> Gr)
- Confirmation Ph. II  
(Year 2)  
(10<sup>th</sup> - 12<sup>th</sup> Gr)
- Youth Ministry/ LifeTeen  
(9<sup>th</sup> - 12<sup>th</sup> Gr)
- Other:

**First Name:** \_\_\_\_\_ **MI** \_\_\_\_\_ **Last:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Cell #:** (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ **Gender:** Male / Female

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Birthplace:** (City) \_\_\_\_\_ (State) \_\_\_\_\_

**School:** \_\_\_\_\_ **City of School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

List all conditions (such as allergies, seizures) for which this student requires ongoing medication and state the type and frequency of medication given: \_\_\_\_\_

Student had difficulty with the following (*check all that apply*):

- Asthma  Fainting Spells  Convulsions  Diabetes  Heart  Eyes  Digestion
- Menstrual Problems  Other: \_\_\_\_\_

List any physical restriction or restriction for any activity on the basis of medical condition: \_\_\_\_\_

\_\_\_\_\_ Date of last physical examination: \_\_\_\_\_

**Sacraments:** (If baptismal certificate is not on file, please submit to the Faith Formation & Evangelization Office.)

**Baptized-** Church: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

**1<sup>st</sup> Reconciliation:**  No  Yes, Church: \_\_\_\_\_

**1<sup>st</sup> Communion:**  No  Yes, Church: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

**Confirmation:**  No  Yes, Church: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

**Student**

**Program Choices:**  
Check all that apply

- Children Faith Formation  
(Preschool-5<sup>th</sup> Gr)
- Edge Middle School Ministry  
(6<sup>th</sup> - 8<sup>th</sup> Gr)
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(Year 1)  
(9<sup>th</sup> - 12<sup>th</sup> Gr)
- Confirmation Ph. II  
(Year 2)  
(10<sup>th</sup> - 12<sup>th</sup> Gr)
- Youth Ministry/ LifeTeen  
(9<sup>th</sup> - 12<sup>th</sup> Gr)
- Other:

**First Name:** \_\_\_\_\_ **MI** \_\_\_\_\_ **Last:** \_\_\_\_\_

**Student** \_\_\_\_\_ **Student** \_\_\_\_\_ **Gender** \_\_\_\_\_  
**Email:** \_\_\_\_\_ **Cell #:** : (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Male / Female**

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Birthplace:** (City) \_\_\_\_\_ - \_\_\_\_\_ (State) \_\_\_\_\_

**School:** \_\_\_\_\_ **City of School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

List all conditions (such as allergies, seizures) for which this student requires ongoing medication and state the type and frequency of medication given: \_\_\_\_\_

Student had difficulty with the following **(check all that apply)**:

- Asthma  Fainting Spells  Convulsions  Diabetes  Heart  Eyes  Digestion
- Menstrual Problems  Other: \_\_\_\_\_

List any physical restriction or restriction for any activity on the basis of medical condition:  
 \_\_\_\_\_ Date of last physical examination: \_\_\_\_\_

**Sacraments:** (If baptismal certificate is not on file, please submit to the Faith Formation & Evangelization Office.)

**Baptized:**  No  Yes, Church: \_\_\_\_\_ Date: \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**1<sup>st</sup> Reconciliation:**  No  Yes, Church: \_\_\_\_\_

**1<sup>st</sup> Communion:**  No  Yes, Church: \_\_\_\_\_ Date: \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Confirmation:**  No  Yes, Church: \_\_\_\_\_ Date: \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_