



# Our Lady of Lourdes

Embracing God's People • Equipping Disciples • Accompanying Believers

Dear Parents,

Welcome to the Confirmation Process! This packet contains registration forms for the 2018-2019 year. Please read and fill out the attached forms carefully. The registration packet and all necessary forms must be turned in to Sage Hubacek in the Youth Ministry Office, or left in the Parish Office.

**The completed packet is due no later than July 31<sup>st</sup>, 2018**

**1st Year Registration is \$120 per child.**

This cost includes a day long retreat and all necessary faith day materials.

**2nd Year Registration is \$300 per child.**

This includes an overnight retreat (food, lodging and transportation) as well as all necessary faith day materials.

**Before submitting this packet, please review and attach the following forms:**

**-Certificates:** A copy of your child's Birth, Baptismal and Communion Certificates will be needed. This can be obtained from the church of Baptism in the event that a copy must be obtained.

**-Registration Form:** Please fill out completely with current information, listing at least 1 valid e-mail address; e-mail will be the primary form of communication.

**-Permission Slips and Medical Forms:** Permission slips for Confirmation attendance, Youth Night attendance and Retreat. Medical Form outlining any allergies or medications used.

**-Legal Forms:** Please attach any court ordered custody arrangements, restraining orders, or other applicable documents.

**-Payment:** Checks (made out to: Our Lady of Lourdes) or Cash can be accepted. Should payments need to be made, please do not hesitate to contact the Youth Ministry Office to make arrangements.

I look forward to serving you and your family. Please do not hesitate to contact me should you have any questions.

In Christ,  
**Sage Hubacek**  
Coordinator of Youth Ministry and Confirmation  
Youthministry@ollnr.org– 818.349.1500 ex 109



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**OUR LADY OF LOURDES**

**CONFIRMATION REGISTRATION FORM**

I am Registering for: Year 1 \_\_\_\_\_ Year 2 \_\_\_\_\_

**Family Information:**

Family Last Name: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Family E-mail: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Parental Information:**

Fathers Name: \_\_\_\_\_

Father's Cellular: \_\_\_\_\_ Work: \_\_\_\_\_

Mothers Name: \_\_\_\_\_

Mother's Cellular: \_\_\_\_\_ Work: \_\_\_\_\_

Confirmation Candidate Lives With: \_\_\_ Both Parents \_\_\_ Mother \_\_\_ Father \_\_\_ Guardians

Are there any custodial arrangements that could have an impact on your child? : \_\_\_ NO \_\_\_ YES

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

**Student Information:**

Student Name: \_\_\_\_\_

Gender: \_\_\_\_\_ Student Date of Birth: \_\_\_\_\_

School Name: \_\_\_\_\_ Grade: \_\_\_\_\_ T- Shirt Size: \_\_\_\_\_

Student Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Does your child have any special needs or medical issues that we should be aware of: \_\_\_ No \_\_\_ Yes?

If yes please attach the necessary forms to this packet.



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**To be read and signed by youth and parents or guardian:**

Parish/School contact person should retain these upon completion. Everyone who attends confirmation faith day and youth ministry gatherings are encouraged to participate actively and to behave appropriately so that all will have the chance to safely enjoy being a part of the ministry. Nobody really likes rules or consequences, but to be fair, it is best if we all know what is expected of each teen while being here at Our Lady of Lourdes.

**There will be respect for property** - Property of Our Lady of Lourdes and surrounding areas should not be damaged, marked or vandalized in any way. Personal property should not be damaged or borrowed without permission.

**There will be respect for the law** - There will be no non-prescription drugs or alcohol consumed or in any student's possession. There will be no physical abuse of others or inappropriate language. Fighting of any kind will not be permitted.

**There will be cooperation and participation** - We expect that all participants will take advantage of the opportunities of the day and participate fully in the activities. We also expect that all participants cooperate with the directions of the adult chaperones/leaders to promote a safe and enjoyable day.

Please remember that you are representing your parish and school; you are encouraged to take this responsibility seriously.

If these guidelines are not adhered to, appropriate action will be taken. One possible action will be that the student(s) involved will have his/her parents or guardian called and will make arrangements for transportation home as soon as possible. In addition, there may be further consequences (for example: destruction of property would require repayment of damages.)

**I have read and understand these guidelines.**

<b>Participant's Signature:</b>	<b>Date:</b>
<b>Parent or Guardian's Signature:</b>	<b>Date:</b>



**Archdiocese of Los Angeles  
Medication Authorization and Permission Form**

**Location:** Our Lady of Lourdes- Northridge, CA

Part A to be completed by a licensed physician unless copy of prescription and original prescription bottle is provided containing the information requested in Part A.

**I hereby request that my son/daughter be allowed to take the following medication(s) at the Location identified above and/or at a Location sponsored field trip, event or activity.**

\_\_\_\_\_  
Last Name of Minor                                      First Name                                      Sex                                      Birth Date

Name of Medication: \_\_\_\_\_

**A. Physician's Instructions.** (Complete where applicable)

\_\_\_\_\_  
Purpose of Medication or Diagnosis

\_\_\_\_\_  
Dosage Prescribed                                      Date/Time Schedule                                      Dose Form (tablet/liquid)

Please notify this office if patient misses medication    Yes     No

Medication may have adverse effects (explain) \_\_\_\_\_

Special instructions and/or comments: \_\_\_\_\_

\_\_\_\_\_  
Print Name of Licensed Physician                                      Signature of Licensed Physician                                      Date

\_\_\_\_\_  
Physician Address and Phone Number

**B. Permission for Administration of Medication and/or Testing at Location and/or at Location sponsored Field Trip/Event/Activity:** I request that my son/daughter identified above, be permitted to carry and use emergency medication (inhaler, epi-pen, insulin, etc.) and/or test for levels of blood sugar at the Location identified above and/or at a Location sponsored field trip/event/activity as prescribed by the physician above. I acknowledge and understand that no health care professional or other trained adult may be available at the Location or at the field trip/event/activity to assist, monitor or supervise my son/daughter's self-administration of medication or testing unless arrangements have been made in advance. In the event that my son/daughter is unable to self-administer or self-test, I agree that Location staff/chaperones may assist my son/daughter to the extent possible under the circumstances, but neither they nor the Location shall be liable for any adverse consequences or injury. I hereby give the Location staff/chaperones permission to call paramedics to render treatment to my son/daughter should that be necessary and to release medical information to first responders for that purpose. For all other medications, my son/daughter and I will comply with the Location's policies and procedures and will provide the Location with any medication my son/daughter requires in its original prescription bottle.

**Parent/Guardian Name:** \_\_\_\_\_ **Emergency phone number:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PARENT/GUARDIAN RELEASE FOR STUDENT OR MINOR  
(NONCOMMERCIAL)**

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**This section to be completed by the Archdiocesan entity (school/parish/ACC) sponsoring the activity ("Location"):**

**Name of Location:** \_\_\_\_\_

The Location intends to use your child's image, name, voice and/or work for noncommercial purposes relating to the event(s) or activity(ies) identified below.

**Description of events/activities to which this Release applies:**

\_\_\_\_\_

**Duration of Release:** from \_\_\_\_\_ [insert date] to \_\_\_\_\_ [insert date]

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**This section to be completed by Parent/Guardian:**

I, \_\_\_\_\_ am the parent/guardian of \_\_\_\_\_, a minor.

I hereby authorize the Location to use the following personal information about my child:  
(Please initial the applicable boxes)

**Image:** yes no **Voice:** yes no **Name:** yes no **Work:** yes no

I understand and agree that my child's image, voice, name and/or work ("Personal Information") relating to the events or activities described above will be used for noncommercial purposes, including, but not limited to, publicity, exhibits, electronic media broadcasts or research. I understand and agree that my child's Personal Information may be copied, edited and distributed by the Location in publications, catalogues, brochures, books, yearbooks, magazines, exhibits, films, videotapes, CDs, DVDs, email messages, websites, or any other form now known or later developed ("Materials").

The Location may use the Personal Information at its sole discretion, with or without my child's name or with a fictitious name, and with accurate or fictitious biographical material. The Location will not use the Personal Information for improper purposes or in a manner inconsistent with the teachings of the Roman Catholic Church.

I waive any right to inspect or approve any Materials that may be created using the Personal Information now and in the future. In exchange for the opportunity given to my child by the Location to participate in the activity, I agree that neither I, nor my child, will receive monetary compensation, royalties or credit. I understand and agree that the Location shall be the owner of all right, title and interest, including copyright, in the photographs, electronic recordings and Materials. If the Location intends to use the Materials for a commercial purpose, I will be provided at that time with information about the terms of the commercial use.



I hereby waive, release and forever discharge any and all claims, demands, or causes of action against the Location and its affiliated entities, employees, agents, contractors and any other person, organization, or entity assisting them with the photography, electronic recording or Materials, for damages or injuries in any way related to, or arising from the photography, electronic recording or Materials, or the use of the Personal Information, and I expressly assume the risk of any resulting injury or damage.

I further understand and agree that this Authorization remains in effect until it is withdrawn in writing. I understand that if I change my mind about this Authorization, that I will submit another, new authorization form to the Location. However, my new authorization will not have the effect of revoking this Authorization, and the Location will have no duty or obligation to make any changes or alterations to any Materials that may have been prepared based on this Authorization.

I represent that I have read this Authorization, understand the contents and am able to grant the rights and waivers it contains. I understand that the terms of this Authorization are contractual and not mere recitals. I am signing this document freely and voluntarily.

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

Print Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Cellphone/Email: \_\_\_\_\_

Name of Child: \_\_\_\_\_ Age: \_\_\_\_\_

