Please complete this form and return with all required documentation to the parish office.

Requirements for Confirmation Preparation at Emmaus Catholic Parish:

1. Student must be in High School and at least 14 years old.
2. The Diocese requires a minimum of 2 consecutive years faith formation prior to receiving Confirmation. Student must have recently completed at least 1 year of Religious Education either at a Catholic School or Parish, plus be currently registered and participate in the Outcry life nights program at Emmaus the year of confirmation.
3. Also attend, with a parent, three (3) Confirmation Workshops and Confirmation rehearsal during the year leading to Confirmation. Sponsors are encouraged to attend. Confirmation workshops dates are January 13, January 27 and February 10, 2019.
4. Baptism Certificate provided with this application.
5. If student was not baptized in a Catholic Church but has been baptized as a Christian, he/she will need to provide either a copy of a baptismal certificate or a letter from the church of baptism stating their date and place of baptism. You will also need to make arrangements with Emmaus’ Director of High School Youth Ministry for a short period of instruction to prepare your child to make a Profession of Faith into the Catholic Church.
6. If student has not been baptized, you will need to make special arrangements for their baptism prior to Confirmation. Please contact the Director of High School Youth Ministry, (512) 261-8500 x 303, or email outcry@emmausparish.org.
7. Student must attend the Confirmation Retreat, weekend date March 1-3, 2019.
8. Student must submit an essay on why they wish to be Confirmed and their patron saint.
9. Confirmation sponsor must complete the Sponsor Covenant.
10. Please complete the enclosed application and return with the following items. Only fully completed packages will be accepted and must be submitted no later than Dec. 16, 2018.
   1) Baptismal Certificate  2) Sponsor Covenant  3) Essay on why you wish to be Confirmed
   4) Confirmation Retreat paperwork, copy of insurance card and payment of $150.

Questions? Contact Joelle Maryn, Directory of High School Youth Ministry, (512) 261-8500 x 303, or email joelle.maryn@emmausparish.org.

Celebration of the Sacrament of Confirmation will be at Emmaus Catholic Parish, on Sunday, May 12 at the 5:00 PM Mass.

OFFICE USE ONLY

Registered Parishioner? ☐ Yes ☐ No Parishioner #_________ Outcry Participant? ☐ Yes ☐ No
Copy of Baptismal Certificate? ☐ Yes ☐ No Baptism Needed? ☐ Yes ☐ No
Sponsor Covenant Received? ☐ Yes ☐ No Essay Received? ☐ Yes ☐ No
Confirmation Retreat Completed? ☐ Yes ☐ No
Enrolled for Confirmation Workshops? ☐ Yes ☐ No
Approved by: ___________________________ Date: __________________
<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student's Baptismal Name</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Birth Father</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Birth Mother</td>
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</tr>
</tbody>
</table>

**EMMAUS CATHOLIC PARISH**  
Confirmation Application, 2018-2019  
Date: _____________________________

Home Address: __________________________ City: __________ State: ______ Zip: ______

Primary Phone: (___) ______-__________ Email Address: ________________________________

Student’s Date of Birth (MM/DD/YYYY): ________________________________

Saint Name (as it will appear on your Confirmation certificate): ________________________________

<table>
<thead>
<tr>
<th>Religious Ed.</th>
<th>Church Name</th>
<th>Phone #</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year #1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Year #2</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Student’s Baptism:  
☐ Catholic Baptism  ☐ Christian (non-Catholic) Baptism  ☐ Not Baptized

Baptism Date: __________ Church Name: __________________________ City/State: __________

Complete application and return with the following items:

1) Baptismal Certificate, if not baptized at Emmaus
2) Sponsor Covenant
3) Essay on why you wish to be Confirmed

**Check One:**

<table>
<thead>
<tr>
<th>Confirmation Retreat</th>
<th>Date:</th>
<th>Church Name:</th>
<th>Contact Name, Phone &amp; Email:</th>
</tr>
</thead>
</table>

4) Retreat paperwork: Parental Consent for Youth form
5) Retreat payment of $150 (check to "Emmaus Catholic Parish")

Celebration of the Sacrament of Confirmation will be at Emmaus Catholic Parish, on Sunday, May 12 at the 5:00 PM Mass.

Return with required documentation to:
Emmaus Catholic Parish, 1718 Lohmans Crossing, Lakeway, TX 78734, or fax to (512) 261-8200
CONFIRMATION SPONSOR COVENANT

As a Confirmation sponsor, your role is to encourage the faith of your candidate and be an “example” to your Confirmation candidate and to reflect with the candidate on the meaning of a life of Catholic discipleship.

The Code of Canon Law (Church Law) specifies the requirements for serving as a sponsor at Confirmation (Canon 893) are the same as those for godparents at Baptism (Canon 874): You may not be the parent of the person being confirmed; you must be at least 16 years old; you must be fully initiated (Baptism, Confirmation, Eucharist); if married, be in valid Catholic marriage; and live a life of active faith in the Catholic Church.

I understand the requirements of being a Confirmation sponsor and I state that I received the Sacrament of Baptism

at _______________________________________________________________ Church
in ________________________________________________________________ (City and State)

I received the Sacrament of Confirmation

at _______________________________________________________________ Catholic Church
in ________________________________________________________________ (City and State)

(If married) I celebrated the Sacrament of Marriage

at _______________________________________________________________
in ________________________________________________________________ (City and State)

My candidate’s name is: __________________________________________

Name of parish and city where the Sacrament of Confirmation is to take place:

Parish: ___________________________________________________________ City: ______________________________

I am active in the Catholic Church, fully initiated into the Catholic Church, regularly attend Mass on Sunday and strive to live my faith.

Your Name (PLEASE PRINT): __________________________________________

Your Signature: ___________________________________________________ Date:______________

Return to Emmaus Catholic Parish, 1718 Lohmans Crossing, Lakeway, TX 78734, or fax to (512) 261-8200.
Parental Consent for Youth to Participate in Activity, Emergency Medical Information, and Release

Participant: ________________________________________________
(name)

Parents: ___________________________________________________
(names), for themselves, heirs, executors, and administrators.

Event: _______________________________________________________

Parish/School: ________________________________________________, located in
_________________________________ (city), Texas, a Texas non-profit corporation, including its faculty, employees, contractors, clergy, agents, facilitators, and volunteers.

Diocese: The Catholic Diocese of Austin, a Texas non-profit corporation, including its employees, contractors, clergy, agents, facilitators, and volunteers.

Transportation Provider: _______________________________________

A. The undersigned represent that they are the parents or legal guardians of Participant and have full authority under law to sign this document.

B. Parents grant their permission for Participant to enroll and participate in the Event.

C. Parents acknowledge and agree that:

1. Participant and Parents voluntarily seek to participate in the Event;
2. the Event may involve physical activity that involves risk of injury;
3. Participant and Parents will abide by all policies and rules established for Event and instructions of those persons facilitating, organizing, or overseeing the Event;
4. Parents and Participant are responsible for conduct during the Event and are responsible for any damages, claims, or other costs caused by Participant or incurred as a result of conduct; and
5. if conduct is inappropriate, unsafe or detrimental to the Event, other participants or other persons, Parish/School or the Diocese may be suspend or expel Participant from the Event and future events.

D. Unless this paragraph is struck and initialed by the undersigned, Parents authorize Parish/School and the Diocese to provide over-the-counter aspirin, pain relievers, cold medicine, and other over-the-counter medications to Participant at request if the Parish/School or Diocese deem it reasonable to do so. The Parish/School will make reasonable attempts to notify Parents prior to authorizing any such over-the-counter medication.

E. In the event of an emergency or a situation that is reasonably considered to be an emergency, Parents authorize the Parish/School and the Diocese to seek and authorize emergency medical care to be given to Participant (for example, first aid, medication, anesthesia, or surgery). The Parish/School will make reasonable attempts to notify Parents prior to authorizing any such emergency care.

F. Parents grant Parish/School and the Diocese permission:

1. to photograph and video tape Participant during the Event; and
2. to use the photographs and video tapes in publications and promotions of the Parish/School and the Diocese, including but not limited to publications such as websites, newsletters, advertisements, scrapbooks, and yearbooks.
G. To the extent permitted by law, Parents, for themselves and for Participant, release and agree to indemnify and hold harmless the Parish/School, the Diocese, and the Transportation Provider from any and all liability, claims, demands, and costs which may arise as a result of participation in the Event or which is, in any way, related to such participation. This paragraph covers loss under any theory of loss (negligence or otherwise) including but not limited to personal injury or property damage. Parents and Participant assume all risk of injury or loss to themselves or their property.

Parent/Guardian signature: ___________________________________________ Date: __________

Parent/Guardian signature: ___________________________________________ Date: __________

Participant signature: ___________________________________________ Date: __________

Please provide the following information.

**EMERGENCY CONTACT AND INSURANCE INFORMATION**

In the event of an emergency contact: ______________________________________

Phone: ____________________________

Alternatively, contact: ____________________________

Phone: ____________________________

Phone: ____________________________

Address: ____________________________

________________________________

Copy of insurance card must be attached.

Date of last Tetanus Booster: ____________________________

Participant has the following conditions (allergies, medical conditions, etc.): ____________________________

________________________________

________________________________

Attach additional sheets if necessary.

Participant is currently taking the following medication: ____________________________

________________________________

________________________________

Attach copies of prescription and any instructions related to the medication, including the amount and timing of dosages.

Special instructions or other information: ____________________________

________________________________

________________________________
Camp Buckner Hill Country Retreat Center
Indemnification and Release Form

Buckner Children and Family Services, Inc., d/b/a (“Camp Buckner”) requires that all participants, and parents, guardians, and managing conservators of a minor child(ren) who participate in activities while staying at Camp Buckner sign this Indemnification and Release Form.

The undersigned agree that they and their child(ren) shall be subject to the policies and procedures of Camp Buckner regarding all activities as attached and/or posted prior to participation in order to maintain the utmost level of safety for the participant.

The undersigned acknowledge and understand the following:

1) During Swimming Pool, Blob, Water Slide, Canoeing, Kayaking, Archery, Hiking and General Athletic Sports, and any other activities of any kind or nature, certain risks and dangers are present.

2) These risks of activities may include physical and psychological damage and/or injury including fatality, due to accidents which may occur resulting from participation in such activities.

In consideration of me and/or my child’s (ren’s) participation and as allowed by State law, I (We) have and do hereby assume all of the risks of my and/or our child’s (ren’s) participation in all activities (even if a lifeguard is on duty) including, but not limited to Swimming Pool, Blob, Water Slide, Canoeing, Kayaking, Archery, Hiking, and General Athletic Sports. I (We) shall hold Buckner Children and Family Services, Inc., d/b/a Camp Buckner, its employees, agents, directors, officers, and affiliates harmless from any and all liability, actions, causes of actions, claims, and demands and expenses (including reasonable attorney’s fees) of every kind and nature whatsoever, whether for bodily injury, property damage or loss or otherwise, which I, we and/or my child(ren) now has or which may arise from or in connection with participation in Camp Buckner’s programs and activities.

In consideration of me and/or my child’s(ren’s) participation in all Camp Buckner activities, I (We) hereby release, waive and discharge Buckner Children and Family Services, Inc., d/b/a Camp Buckner, its officers, directors, employees and affiliates from and against any and all claims or liability for injury or events resulting in bodily injury or death to me and/or my child(ren), and whether caused by the negligence of Camp Buckner, its officers, directors, or employees, or otherwise. This release is specifically intended to be binding upon my heirs, personal representatives and next of kin.

Group name: ___________________________ Date Signed: ___________________________

Print Name of Participant ___________________________ Signature of Participant ___________________________

Print Name of Child(ren) ___________________________ Print Name of Child(ren) ___________________________

Print Name of:  
Parent ___________________________  
Guardian ___________________________  
Managing Conservator ___________________________

Signature of:  
Parent ___________________________  
Guardian ___________________________  
Managing Conservator ___________________________

Camp Buckner Indemnification and Release Form – Updated 9/03/2013