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# **YOUTH CONFIRMATION**

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St. Edward Catholic Church

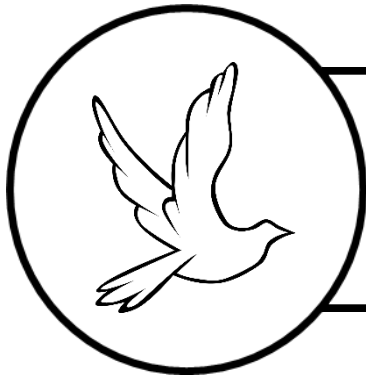


2021-2022

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**Youth Confirmation Important Dates**  
**Confirmation Candidate Questionnaire**  
**Parent-Teen Discussion**  
**Consent & Liability Form**  
**Sponsor Form**

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# Youth Confirmation

## CONTACT

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## IMPORTANT DATES

August 18 – Youth Confirmation Registration opens (Online)

October 22 – Youth Confirmation Registration closes

November 2 – Confirmation Orientation Meeting

**(For Candidates and Parents)**

February 14 – Confirmation Retreat Meeting

**(For Candidates and Parents)**

February 18-20 – Confirmation Retreat

## BEFORE ORIENTATION

1. Please be sure to schedule and attend your Confirmation Interview.
2. Have the parent-teen discussion that is on our handout.
3. Select your Candidate's Confirmation Sponsor. Bring the completed Sponsor form to our November 2<sup>nd</sup> Orientation meeting.
4. Prayerfully consider your Candidate's gifts and talents and how they may be used in ministry and service.
5. Be sure that parents and sponsors complete Safe Environment training at <https://galvestonhouston.cmgconnect.org/>

## SESSIONS

Session One – Sunday, March 20, 2022, 3:30pm-4:45pm

Session Two – Sunday, March 27, 2022, 3:30pm-4:45pm

Session Three – Sunday, April 10, 2022, 3:30pm-4:45pm

Session Four – Sunday, May 1, 2022, 3:30pm-4:45pm

Session Five – Sunday, May 15, 2022, 3:30pm-4:45pm

Session Six – Saturday, May 21, 2022, 8:30am-1:00pm

**This session is for Candidates, Parents, and Sponsors!**

**Please be sure to plan accordingly.**

Session Seven – TBD During Rehearsal

## SERVICE

Intentional involvement in ministry and in service is essential to living out our Catholic faith. Prayerfully discern your gifts and talents, and how they may be used to serve the Lord. During our Orientation meeting, we'll set definitive goals.

Candidate Name: \_\_\_\_\_



# Confirmation Candidate Questionnaire

**Please complete this questionnaire and bring it with you to your Confirmation interview.**

The purpose of these questions is to help make clear to you your current beliefs and practices as a Catholic. Being able to express these beliefs in words and in practice is an important part of Christian witness. Your responses will also better inform those adults who are helping you prepare for the sacrament of Confirmation.

- What does being a disciple or follower of Jesus mean to you?
- Describe your relationship with God. How do you experience God?
- How often are you attending Mass? What does attending Mass mean for you?
- What are some gifts that you have that you feel might benefit your parish?
- How do you hope Confirmation preparation will help you as a Catholic?
- Who are some important people in your life who help support you in your faith?
- What questions or concerns do you have about your Catholic faith?
- What are some of the obstacles or struggles you have in trying to follow Jesus?



# HANDOUT PARENT-TEEN DISCUSSION

Use the following questions to discuss your faith and the Sacrament of Confirmation with your teen.

**For the Teen to Answer:**

Why are you choosing to be confirmed in the Catholic faith?

**For the Parent to Answer:**

Take a few minutes to share your faith story with your teen.  
How have you come to know God more personally in your life?  
How have you seen God working in your life over the years?  
What was your Confirmation experience like?  
Why do you want your teen to be confirmed?

**For Both to Answer:**

What aspect of the faith is most important to you? Why?

**For the Teen to Answer:**

How do you want this Confirmation process to change the way you relate to God?  
Do you feel close to God right now? Why or why not?  
What do you hope to learn about your faith?

**For the Parent to Answer:**

What is one area in your faith life you feel you can grow in?

**For the Teen to Answer:**

When you are confirmed, you become a fully initiated member of the Church. What does that mean to you?  
How do you want to live it out in your life?

**For Both to Answer:**

What is one practical way that we, as a family, can make our faith more of a priority?

**Archdiocese of Galveston-Houston | Office of Adolescent Catechesis and Evangelization**

**PARENTAL/GUARDIAN CONSENT FORM & LIABILITY WAIVER**

**Participant's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_ **City/Zip Code:** \_\_\_\_\_

**Parent(s)/Guardian(s):** \_\_\_\_\_

**Home Phone:** (\_\_\_\_) \_\_\_\_\_ **Alternate Phone:** (\_\_\_\_) \_\_\_\_\_

**Parish or Catholic School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Sex:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**T-Shirt Size (Please Select one):**  Small  Medium  Large  XL  2XL  3XL  4XL

**CONSENT & LIABILITY WAIVER**

**Important! To be filled out by the Parent/Guardian for youth under 18 years of age.  
(If participant is 18 years of age or older, consent must be signed by the individual)**

I (name of parent/guardian) \_\_\_\_\_, grant permission for my child, (participant's name),  
\_\_\_\_\_ to participate in (event) \_\_\_\_\_  
to be held (date) \_\_\_\_\_ (time) \_\_\_\_\_ at (location) \_\_\_\_\_.

In consideration of my child's participation in this event, I agree on behalf of myself, my child named herein, and our heirs, successors, and assigns to indemnify, hold harmless and defend the Archdiocese of Galveston-Houston, the sponsoring parish, its pastor, youth ministry leader, principal, other agents, employees or other representatives associated with the event from any and all injuries, losses or claims arising out of my child's participation in the event.

*In signing this form I certify that all information contained herein is true and accurate to the best of my knowledge.*

\_\_\_\_\_  
**Signature (Parent/Guardian)**

\_\_\_\_\_  
**Date**

**YOUTH PARTICIPANT:** In signing the line below I agree to abide by any/all policies and rules established for this event/activity (see Code of Conduct). Should I not be able to maintain the guidelines and expectations of the adults and my peers, I understand that there will be consequences for my actions, including being removed from the activity and being sent home at my parent's expense.

\_\_\_\_\_  
**Signature (Youth Participant)**

\_\_\_\_\_  
**Date**

**VIDEO/PHOTOGRAPHY CONSENT**

As parent/guardian, I understand that promotional pictures and videos (individual and group) will be taken during this event. I give permission for my son's/daughter's picture to be used for promotional materials (newsletter, web page, calendars, power point, video etc.) in highlighting the event.

\_\_\_\_\_  
**Signature (Parent/Guardian)**

\_\_\_\_\_  
**Date**

**Medical Matters**

I hereby warrant to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. Of the following statements pertaining to medical matters, sign only those in accordance with your wishes:

**Emergency Medical Treatment**

In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor and I understand that all financial obligations are my responsibility.

In the event of an emergency and you are unable to reach me, contact:

Name & Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

**Medications**

My child will bring all such medications, well labeled, that are necessary. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency are as follows

My child is taking the following medication at the present time.

Medication(s): \_\_\_\_\_ Dosage: \_\_\_\_\_

Administer: \_\_\_\_\_

\_\_\_\_\_ I hereby **Do Not Grant Permission** for medication of any type, whether prescription or nonprescription, to be administered by my child unless the situation is life threatening and emergency treatment is required. (Please initial)

\_\_\_\_\_ I hereby **Grant Permission** for nonprescription medication (such as Tylenol, throat lozenges, cough syrup) to be given to my child, if deemed advisable. I understand that Aspirin will not be given to my son/daughter. (Please initial)

**Medical Conditions Information**

(Archdiocesan personnel will take reasonable care to see that the following information will be held in confidence.)

My son/daughter has:

- Has had an episode of the following or has been diagnosed: \_\_\_ Seizures \_\_\_ Asthma \_\_\_ Diabetic
- Allergic reactions to the following (foods, dyes, latex etc.) \_\_\_\_\_
- Has had a medical surgery within the last six months? \_\_\_ Yes \_\_\_ No still under doctor's care? \_\_\_ Yes \_\_\_ No
- Has a medically prescribed diet? \_\_\_\_\_
- The following physical limitations? \_\_\_\_\_
- Immunizations current and up to date: \_\_\_ Yes \_\_\_ No Date of last tetanus/diphtheria immunization \_\_\_\_\_
- You should also be aware of these special medical conditions of my child (e.g. depression, anxiety, etc.): \_\_\_\_\_

**Insurance Information:** \_\_\_ No, I do not carry medical insurance at this time.

Insurance Carrier: \_\_\_\_\_ Name of Insured: \_\_\_\_\_

Insurance Policy Number: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_

In the event it comes to the attention of the chaperones associated with the activity that my child becomes ill with repeated symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called immediately. If this will be a long distance call, I want to be called collect (with phone charges reversed to myself). I fully understand the foregoing statements and sign this Parental/Guardian Medical Consent Waiver knowingly, freely, and willingly.

\_\_\_\_\_  
Signature (Parent/Guardian) Parent/Guardian must sign for anyone under 18 years of age. Date \_\_\_\_\_

\_\_\_\_\_  
Signature (Participant 18 years of age or older must sign own consent) Date \_\_\_\_\_



## St. Edward Catholic Church Youth Confirmation 2022 Sponsor Form



To be chosen as a sponsor is a special honor and a serious responsibility. You represent the Catholic Faith Community. You, above all others, have been entrusted with the responsibility to participate in this young person's Catholic life and continuing formation.

- Pray with and for the Candidate.
- Be a witness, a living testimony of living the Catholic faith. This includes attending Mass regularly, actively participating in your call to Holiness, and taking care of God's creation (Catholic Social Teaching).
- Take interest in the Candidate. Be "there" when needed. Be a person who can be trusted, and in whom the Candidate can confide. Be a routine presence in your Candidate's life.
- Be open; share your own experience of faith. Recall your own youth, raise questions that will help initiate discussions, and affirm their experience and the value of their thoughts and opinions.
- This is a lifelong commitment; consider what is being asked of you and be sure you can commit to this role.

The Code of Canon Law (Church Law) specifies the requirements for serving as a sponsor at Confirmation (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 a valid Catholic marriage; and live a life of active faith in the Catholic Church.

### Sponsor Information

**Full Name:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Confirmation Candidate's Name:** \_\_\_\_\_

Please read and check the following statements, as they are true to you:

- I am not the parent of the person being Confirmed.
- I am at least 16 years old.
- I have received the Sacraments of Baptism, Confirmation, and Eucharist.
- I participate in Sunday Mass Regularly.
- (If married) My marriage was celebrated according to the norms of the Catholic Church.
- I am not married.
- I understand the responsibility I am taking on and have both the desire and intention to fulfill it.
- I affirm that I meet all the necessary requirements to act as a sponsor.

\_\_\_\_\_  
Signature of Sponsor

\_\_\_\_\_  
Date