



The Catholic Church of  
**St. Katharine Drexel**

2021-2022 Entering Grade 10

## Confirmation Registration

### Parent Information

<b>Please fill out entire sheet</b>	Parent/Guardian	Parent/Guardian
First & Last Name		
Preferred Email		
Cell Phone		

### Youth Information

First & Last Name	
Age	
Birthday	
School	
Parish, City, and Year of Baptism	
Home Address	

### More Information

Please contact Troy [tbauer@stkdcc.org](mailto:tbauer@stkdcc.org) with questions or for more information.

Please be sure to fill out the following two pages

---

## Parent/Guardian Consent & Liability for Medical Treatment

I, \_\_\_\_\_ grant permission for my child, \_\_\_\_\_ to participate in Sacramental Preparation Classes. These activities will take place under the guidance and direction of parish employees and/or volunteers from the Church of Saint Katharine Drexel. As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant"). I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend the Church of St. Katharine Drexel, its officers, directors, employees and agents, and the Archdiocese of St. Paul and Minneapolis, its employees and agents, chaperons, or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Archdiocese of St. Paul and Minneapolis, its employees and agents and chaperons, or representative associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish/diocese.

**MEDICAL MATTERS:** I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

**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. **In the event of an emergency, if you are unable to reach me at the above numbers, contact:**

Name & relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Specific Medical Information:**

Allergic reactions (medications, foods, plants, insects, etc.):

---

You should be aware of these special medical / behavioral conditions of my child:

---

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



## Picture Release

I, the undersigned, hereby grant permission for all photographs taken of my child(ren) at St. Katharine Drexel Faith Formation and Parish programs to be used for crafts, publicity, bulletins & website or advertising for the program or parish.

Signature of Parent/Guardian\_\_\_\_\_ Date \_\_\_\_\_

## Communications Release

I authorize staff or other leaders St. Katharine Drexel to communicate with My Child electronically, including via social media, text, email and phone in accordance with the Acceptable Use Policy for Electronic Communications. Church Personnel are not required to share non-private communications, such as those sent to youth groups regarding meeting locations or times, or other administrative matters. If any staff or other leaders knowingly communicate privately with a minor as a part of his or her duties for or on behalf of St. Katharine Drexel, reasonable steps must be taken to send to me the same communication content, not necessarily via the same technology.

I acknowledge that to review or receive public communications shared via social media with My Child, I will need to become a fan or follower of the same social media. I understand that communications may be accessible or viewable by others who are also fans or followers of the same social media.

Signature of Parent/Guardian\_\_\_\_\_ Date \_\_\_\_\_