SAINT MAXIMILIAN KOLBE FAITH FORMATION

5801 Kanan Rd. Westlake Village, CA 91362 (818) 991-3915 X113

Kia Scott, Youth Minister/Confirmation Coordinator: kia@stmaxchurch.org

We understand that by registering our teen(s) in Confirmation, we are making a commitment to ***support the parish*** *by means of* ***regular financial contributions*** *and by* ***volunteering our time to the parish****. We are also* ***committing to attend Mass regularly*** *and* ***participating as required*** *in the Confirmation Process.*

*Parent Signature*_____ *Date*_____

2020-2021 *YEAR 2 CONFIRMATION* REGISTRATION FORM

CANDIDATE INFORMATION

TEEN(S) REGISTERING

Last Name, First Name	Sex (M/F)	DOB (mo/d/yr)
_____		

Address:_____City:_____Zip:_____

Grade:_____ School:_____

Father's Name_____Cell #:_____Religion:_____

Mother's Maiden Name:_____Cell #:_____Religion:_____

E-Mail Address(es) for updates: _____

Is there anything we should know about special living arrangements, etc._____

_____

*** Please be aware of the following medical condition(s) for my son/daughter listed here:**

*Does your child have allergies? Yes_____ No____ If yes, please list*_____

SACRAMENT INFORMATION

Church of Baptism:_____
Name **City** **State**

Date of Baptism:_____ Received First Holy Communion ☐ First Reconciliation ☐

CONFIRMATION SACRAMENT INFORMATION

Saint name:_____

Sponsor Name:_____ (CANNOT be candidate's mother or father)

2020-2021 TUITION, CONFIRMATION YEAR 2

TUITION FEE: $175 (includes $40 sacrament fee)

RETREAT FEE: $165 due by Jan. 1st

☐ Copy of Baptism Certificate

FOR OFFICE USE ONLY, PLEASE DO NOT FILL OUT.

*TUITION PAID*_____

*DATE & CHECK #*_____

*AMOUNT DUE*_____

*RETREAT FEE PAID*_____

*DATE & CHECK #*_____

ST. MAXIMILIAN KOLBE CATHOLIC CHURCH

5801 Kanan Road • Westlake Village, CA 91362 • (818) 991-3915 ext. 113

Kia Scott, Youth Minister/Confirmation Coordinator kia@stmaxchurch.org

FAITH FORMATION
PERMISSION SLIP / MEDICAL RELEASE FORM

PARENT/GUARDIAN CONSENT FORM/WAIVER OF CLAIMS AND MEDICAL INFORMATION/AUTHORIZATION FOR PARTICIPATION IN EVENTS AND/OR ACTIVITIES SPONSORED BY ST. MAXJMILIAN KOLBE FAITH FORMATION AT ST. MAXIMILIAN KOLBE PARISH.

_____

PRINT YOUTH'S LAST NAME, FIRST NAME

has my permission to participate in Faith Formation sponsored events and/or programs at St. Maximilian Kolbe Parish for the period from August 01, 2020 – August 31, 2021.

I agree to direct my son/daughter to cooperate and to conform to the directions and instructions of the St. Maximilian Kolbe (SMK) Faith Formation personnel and volunteers in charge of activities, and I understand that transportation for my daughter/son to Faith Formation sponsored events will be provided by the Participant's respective Parent/Guardian.

I also give permission for my son/daughter to be photographed at Faith Formation activities and possibly be posted on the St. Max's Web Site/Social Media, parish bulletin or on posters at St. Max's for present or future use.

I, the undersigned, hereby release St. Maximilian Kolbe, agents, representatives from all liability arising out of or in connection with all St. Maximilian Kolbe Faith Formation activities. For the purpose of this agreement, liability means all claims, demands, losses, causes or action, suits or judgments of any and every kind that **I,** my heirs, executors, administrators or assignees may have against St. Maximilian Kolbe, or that any other person or entity may have against St. Maximilian Kolbe because of death, personal injury, or illness, or because of any loss or damage to property that occurs during any activities and that results from any other cause other than negligence.

Should it be necessary for my son/daughter to require medical testing and/or treatment while participating in events sponsored by St. Maximilian Kolbe Faith Formation in which I (Parent/Legal Guardian) cannot be contacted, permission is hereby given to SMK personnel and volunteers to render
medical treatment deemed necessary and appropriate by the physician. I understand that any insurance benefits that are active have limited application.

I have read and understand the foregoing statements and agree to assume the responsibilities stated above.

Parent/Legal Guardian Signature:_____Date:_____

Emergency Contact Person (other than parent): _____

Emergency Contact's # (home):_____(work/cell):_____

Family Physician:_____Phone #:_____

Medical Group Coverage:_____Group/Member Number:_____

STUDENT AND YOUTH ACTIVITY PERMISSION FORM

LOCATION: _Salvation Army Camp Mt. Crags, 26801 Dorothy Dr, Calabasas 91302_____
Minor's Name: _____
Address: _____
Date of Birth: _____ Male _____ Female _____ Grade _____
Activity: Field Trip _____ Retreat __X___ Other (specify) _____
Date(s) of Activity: __January 22-24, 2021_____
Cost: _$165_____
Purpose: _Confirmation Year 2 Retreat_____
Description of Activity: _Weekend Retreat_____ See Attached: _____
Mode of Transportation: Walk _____ Car Pool _____ Bus _X____ Other (specify) __X self_____
Teacher/Adult Leader: _Kia Scott_____ Attire: _see packing list_____

I request that my son/daughter be permitted to participate in the above activity. My son/daughter has no medical condition that would render it inappropriate for him/her to participate in this activity.
My son/daughter has no known medical needs, allergies or dietary restrictions except as follows: _____
_____

Should it be necessary for my son/daughter to take medication while participating in this activity, I hereby give my son/daughter permission to self-administer his/her medication in accordance with the *Medication Authorization and Permission Form*, and, if my son/daughter cannot self-administer, I give permission to the responsible staff members or chaperones to administer or to assist in the administration of my son/daughter's medication. I also give permission to the responsible staff members, chaperones, medical practitioners and medical facilities to use their judgement in obtaining and providing medical treatment for my son/daughter should it become necessary to do so. I agree to relieve the Location and participating adults from liability in connection with this request. I understand that the insurance benefits through the Location, if any, may have limited application, and that I am entirely responsible for the cost of all medical treatment provided to my son/daughter. I agree to indemnify and hold the Location harmless from the cost of any medical treatment and related expense and cost incurred.

Release of Liability: As a condition of participating in this activity, I hereby hold harmless, release and discharge The Roman Catholic Archbishop of Los Angeles, a corporation sole, Archdiocese of Los Angeles Education & Welfare Corporation and the Location, their respective agents and employees and any parent/volunteer/ chaperone, from any and all liability, loss or claims for personal injuries, wrongful death or property damage that I or my son/daughter may suffer as a result of participation in the activity described above.

_____ _____
Parent/Guardian Date

_____ _____ _____
Home Phone Cell Phone Work Phone

Person to notify in case of Emergency if Parent or Guardian is unavailable:
Name: _____ Phone: _____

Health Insurance Company: _____ Policy No.: _____

