CONFIRMATION II REGISTRATION CHECKLIST AND WAIVER

Please fill out with items list below and return by September 1st, 2020

Parent Name_____ _____
(last) (first)

Child Name_____ _____
(last) (first)

Phone Number _____Email_____

Emergency Contact_____Phone_____

	Checklist	Check
1	On-line Confirmation/ Medical Registration (www.barts.org/confirmation)	
2	Check for $300 program tuition (unless prior arrangements have been made.) • **$350 for late payments received after August 30th, 2019** • **OUT OF PARISH EXTRA FEE: $100** Out of Parish – child has not attended EFF/MFF at St. Bart's & parents are not parishioners	
3	Copy of Baptismal and First Eucharist Certificate **(ONLY IF YOUR CHILD IS NEW TO ST BARTHOLOMEW'S FAITH FORMATION PROGRAM OR if you have not submitted them in the past)**	
4	Signed Confirmation Waiver *(this sheet)*	
TOTAL AMOUNT ENCLOSED		$

I (we), the undersigned parent(s) or guardian(s) of the participant listed above, give my (our) permission for him/her to participate in any and all activities sponsored and/or organized by St. Bartholomew's Church during the 2020/21 year. I (we) hereby direct my (our) child to conform with the directions of parish personnel responsible for the activity.

I (we) grant permission to St. Bartholomew's Parish personnel and volunteers to take photographs of the participant/s while engaged in any and all activities sponsored and/or organized by St. Bartholomew's Parish. I authorize the use of the same in print and/or electronically, without his/her name and for any lawful purpose, including such purposes as publicity, illustration, advertising and web content.

I (we) hereby authorize the Director of Religious Education and/or their associates who provide transportation or supervisory support, as my (our) agents. This authorization empowers the agent(s) to consent to any x-ray examination, anesthetic, medical, surgical, or dental diagnosis, treatment, or hospital care which is deemed advisable by and is rendered under the supervision of any licensed physician, surgeon, or dentist. It is understood that the aforesaid agent(s) will make every effort to contact us in case of emergency prior to authorizing such treatment. This authorization is given pursuant to the provisions of section 25.8 of the Civil Code of California.

I (we) are not aware of any medical condition of my (our) child which would render it unsafe for my (our) child to participate in any of the activities my (our) child attends.

It is understood that I (we), as permitted by law, waive, release and discharge any and all claims for damages for death, personal injury, loss or property damage which I (we) may have against the Roman Catholic Archbishop of San Francisco, A Corporate Sole, his designees and associates and St. Bartholomew Church as a result of his/her participation in these events, including transportation to and from the activity, whether or not caused by the negligence (active or passive) of St. Bartholomew Youth Ministry,
St. Bartholomew's Faith Formation Program, the Archdiocesan Youth activities program or any of its agents or employees. Recourse for the payment or any resulting hospital, medical, dental or related costs will first be had against any accident, hospital or medical insurance, or any other benefit plan of mine or my spouse.

Parent Signature: _____

Date: _____