

CONFIRMATION II (2nd YEAR) REGISTRATION CHECKLIST AND WAIVER

Please fill out with items list below and return by September 1st, 2021

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.) <ul style="list-style-type: none"> • \$350 for late payments received after September 1, 2021 • 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/Virtual Consent (<i>this sheet</i>)	
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 2021/22 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: _____

Consent and Release form- Virtual Meeting for Youth/Adolescents

In the event that class will need to be online next year due to County mandates, 2021/22, we would like all Faith Formation Families to fill-out and return this form preemptively for a smooth transition if the need arises.

We will use zoom technology platforms for programming. Please note that each application collects different information about its users and has its own privacy terms and conditions to which members must adhere and which the parish cannot control or assume responsibility. Please review this carefully before registering for our programs.

Our commitment to keeping your youth/adolescent safe is always our number one priority. All staff have gone through the VIRTUS Safe Environment Program and have been fingerprinted in accord with guidelines of the Archdiocese of San Francisco. In addition, the guidelines you receive have also been reviewed and agreed to by our catechist/youth ministers.

There is no real substitute for face-to face instruction and interaction. We want to continue working with you and youth/adolescent to proclaim the Good News through technology. We are partners in the spiritual formation of each one given in our care. Our collaboration with you is essential to a successful experience with this new way of faith formation. Using technology we all use to stay in touch and to give instruction to/interaction with all.

Parent/Guardian Full Name _____

Email address _____ Phone contact _____

Youth/ Adolescent Full Name _____

- I have received and reviewed the guidelines for virtual gatherings.
- I understand that I will have access to everything provided to my student and be made aware of how social media is being used, be told how to access the sites, and be given access to copies on all material sent via social networking.
- I authorize and consent to staff to communicate with my youth/adolescent electronically.
- I understand that no staff or leader can communicate privately with my youth/adolescent.
- I understand that without this consent my child will not be able to participate in this program.
- I understand that children third grade or younger must have a person nearby.
- If I choose to rescind my authorization and consent provided herein, I agree to inform the parish in writing and that my rescission will not take effect until it is acknowledged by the parish.

I hereby hold harmless, release and forever discharge the Archdiocese of San Francisco and its employees, agents, licensees and legal representative from, and shall indemnify them against, all claims, demands, and causes of action which I, my heirs, representatives, executors Administrators or any other person(s) acting on my behalf or on behalf of my estate have or may have by reason of my youth/adolescent's participation in the program and through my authorization, consent and release herein.

- I have read this Consent and Release Form, I fully understand it, and I voluntarily agree to be bound by its terms. I represent and certify that I am the parent or legal guardian of the minor.

_____ Yes, I agree

_____ No, I do not agree

Parent/legal Guardian

Signature _____