

## Confirmation Permission Form

Participant's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Male/Female: \_\_\_\_\_  
School: \_\_\_\_\_ Email: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell/Alt Phone: \_\_\_\_\_ Parish: \_\_\_\_\_  
Parent(s)/ Guardian(s) Names: \_\_\_\_\_

## Liability Release

Please read and sign

I, as legal guardian, hereby grant permission for the above named teen to participate in the confirmation program at St Adalbert Parish. I understand that the sessions will be held on Sundays from 10 am - 2 pm on the parish grounds. I understand that the adult leaders will provide the best possible supervision, but that neither they, St Adalbert Parish, nor the Diocese of Cleveland are legally responsible for any incident that may occur during these sessions. I release them from all liability and waive all claims of any kind. In addition, I have completed the Medical Authorization and the Code of Behavior forms with my teen below.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Medical Treatment Consent

In case of an emergency and in the event reasonable attempts to contact me have been unsuccessful, I give my permission to provide any medical treatment, care, or attention that is required. This authorization does not cover major surgery unless medical opinions of two (2) licensed physicians or dentists, concurring in the necessity for such surgery, are obtained before surgery is performed.

Contact numbers: HOME \_\_\_\_\_ CELL \_\_\_\_\_

Known Allergies: \_\_\_\_\_

Other Medical Conditions \_\_\_\_\_

2<sup>nd</sup> Contact person \_\_\_\_\_ Relationship to teen \_\_\_\_\_

Contact Numbers: HOME \_\_\_\_\_ CELL: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date \_\_\_\_\_

(OVER)

## Photo Release

Participant's Name \_\_\_\_\_

I understand that photos may be taken of my teen during the Confirmation sessions.

I hereby give St Adalbert Parish permission to publish photographs taken of my teen, for the use in St Adalbert printed publications and website

I release St Adalbert from any expectations of confidentiality for my teen and attest that I am the parent or legal guardian of the teen listed below and that I have the authority to authorize St Adalbert to use their photographs and names.

Parent Signanture: \_\_\_\_\_ Date \_\_\_\_\_

## Code of Conduct

1. You are expected to remain throughout the entire event unless other arrangements have been made with Annette Klanac, DRE or Pat Counselman, Youth Minister, or Father Barry Gearing.
2. Obviously, no alcohol, tobacco or drugs will be permitted
3. Everyone will be expected to be respectful of the directions of the adult leader(s)

I agree to abide by the CODE OF CONDUCT stated above. If I am unable to follow these rules my parents may be called and asked to pick me up.

Teen Signature: \_\_\_\_\_

Parent Signature: \_\_\_\_\_