

LIGHT OF THE WORLD CATHOLIC CHURCH

Registration for CONFIRMATION

Sacramental Registration Information

2007-2008

Youth Information: (please print clearly!)

Full Legal Name (as it will appear on Confirmation Certificate):

First Middle Last
Nick Name/Preferred Name (if applicable): _____

Address _____

City _____ Zip _____ Phone # (____) _____

E-mail _____

School _____ Grade _____

Year Graduating (Please Circle) 2008 (12th), 2009 (11th), 2010 (10th), 2011 (9th)

Birth date _____ (month, day, year of birth) Sex: M or F

Teen's other phone numbers (cell) _____

Primary Residence is with: Mother Father Both

Parent Information:

Father's name: _____ Work # (____) _____

Mother's name: _____ Work # (____) _____

Stepmother's name: _____ Stepfather's name: _____

Other phone numbers (dad's cell) _____ (mom's cell) _____

Mother's Email: _____

Father's Email: _____

COPY OF BAPTISMAL CERTIFICATE REQUIRED WITH REGISTRATION FORM

Church of Baptism: _____

Address: _____ City _____ State _____ Zip _____

Date of Baptism: _____ Mother's Maiden Name _____

Confirmation Payment Information:

\$175.00 per child registered at Light of the World – Pick up T-shirt at the fall kick-off Sunday, Sept. 16th, 2007

S M L XL XXL

This fee covers the retreat, supplies, food and snacks on Super Sundays, printing of materials for an in-depth, memorable and spiritual preparation for Confirmation.

For office use only

Paid \$ _____ () check # _____ () cash Date ____/____/____



LIGHT OF THE WORLD CATHOLIC PARISH

10316 W. Bowles Avenue Littleton, Colorado 80127 (303) 973-3969

Medical Data Sheet for _____ *(youth's full name)*

Release of Liability and Permission for Medical Treatment

The undersigned must notify the group leader of any special medication required, medical condition, restrictions or allergies of your son/daughter. I AM RELEASING LIGHT OF THE WORLD PARISH, THE ADULT SPONSORS, AND THE ARCHDIOCESE OF DENVER FROM ANY AND ALL LIABILITY AND COST IN THE CASE OF SICKNESS, ACCIDENT OR INJURY WHICH MAY OCCUR DURING ANY LIGHT OF THE WORLD SPONSORED EVENT **FROM JULY 2007 TO JULY 2008.**

My son/daughter is covered by the following health plan:

Company: _____

Policy Number: _____

Name of Doctor: _____

Phone Number of Doctor: _____

If on any medications, please indicate what, how often taken, and any side effects:

Is your son/daughter allergic to any medication? If so, please state: _____

Last tetanus shot? _____

Does your son/daughter have a respiratory condition of any kind? If so, please state: _____

Does your son/daughter have any physical limitations? If so, please state: _____

Does your son/daughter have or subject to any of the following? If yes, please check:

_____ Asthma	_____ Fainting spells	_____ Convulsions
_____ Diabetes	_____ Heart Trouble	_____ Allergy

Please explain: _____

If there are any specific events/activities that your son/daughter may not participate in, please note here:

ParticipationExclusions: _____

continued on back

Name(s) of Parent/Guardian: _____

Work Phone: _____

Home Phone: _____

Cell Phone: _____

Emergency Number: _____

In the event I cannot be reached in an emergency, I hereby give permission to the physician, selected by the adult leader in charge, to hospitalize, secure proper anesthesia, and administer any other treatment that is deemed necessary.

If it is necessary to take your son/daughter to an emergency room/hospital for treatment due to any injury or other health problem, the emergency room/hospital will need the social security numbers of the parents and the participant:

Mother's SSN: _____ Father's SSN: _____

Child's SSN: _____

I understand that my child will be under the supervision of the Youth Ministers and/or Volunteers at all youth events sponsored by Light of the World. I understand that this medical data sheet will stay on file for one year and am responsible for reporting updates/changes to the Youth Office. I understand that this is not a waiver of permission for any event, but grant permission to use this data sheet for any youth event that my child may participate in from July 2007 until July 2008.

Signature of
Parent/Guardian: _____ **Date:** _____

EVERY TEEN MUST HAVE THIS FORM FILLED OUT FOR THE 2007-2008 YEAR!
