

**LIGHT OF THE WORLD CATHOLIC CHURCH**

***Registration for CONFIRMATION***

**Sacramental Registration Information**

**2010-2011**

**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*) 2011 (12<sup>th</sup>), 2012 (11<sup>th</sup>), 2013 (10<sup>th</sup>), 2014 (9<sup>th</sup>)

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 # (\_\_\_\_\_) \_\_\_\_\_

Other phone numbers (dad's cell) \_\_\_\_\_ (mom's cell) \_\_\_\_\_

Father's Email: \_\_\_\_\_

Mother's Email: \_\_\_\_\_

Stepmother's name: \_\_\_\_\_ Stepfather's name: \_\_\_\_\_

***We will NOT accept registration forms without a COPY of baptismal certificate!!!***

Church of Baptism: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Baptism: \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_

**Confirmation Payment Information:**

\$55.00 per child registered at Light of the World – Pick up T-shirt at the fall kick-off in September 2010

S M L XL XXL

**This fee does not cover the mandatory retreat January 21-23, 2011**

*For office use only*

Paid \$ \_\_\_\_\_ ( ) check # \_\_\_\_\_ ( ) cash Date \_\_\_\_/\_\_\_\_/\_\_\_\_



## LIGHT OF THE WORLD CATHOLIC PARISH

10316 W. Bowles Avenue • Littleton, Colorado 80127 • 303.973.3969

The undersigned do hereby release, forever discharge and agree to hold the **Archdiocese of Denver and Light of the World Catholic Parish** harmless from and against any and all liability, claims, demands, lawsuits, and expenses arising from personal injury, sickness, death, or property damage of any nature whatsoever which may be incurred or suffered by the undersigned and or the participant (If participant is under 18, or 18 and older) while attending the above activity. Furthermore, the undersigned hereby assume all risk of personal injury, sickness, death, damage and expense arising from the undersigned's or participant's (if participant is under 18, or 18 and older) participation in all activities, including recreation and work activities involved in the above activity. In addition, authorization and permission is hereby given to furnish all necessary transportation, food, and lodging for the undersigned or participant (if participant is under 18, or 18 and older). The undersigned further hereby agree to indemnify and hold the Archdiocese of Denver, the above named Parish, and their respective members, directors, employees, and agents (collectively, the 'Indemnities'), harmless from and against any and all claims, demands, actions, lawsuits and liabilities, including attorney's fee and expenses sustained by the Indemnities as the result of the negligent, willful, or intentional acts of the undersigned and/or participant (if participant is under 18, or 18 and older).

If participant is under 18 years of age: We (I) are the parent(s) or legal guardian(s) of the participant, and hereby grant permission for \_\_\_\_\_ to participate fully in the above activity and all of its undertakings, and hereby give our permission to take said participant to doctor or hospital and hereby authorize medical treatment, including but not limited to emergency surgery; and, we fully and completely assume responsibility for all medical bills. Furthermore, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, I (we) assume all responsibility and transportation costs.

**This form MUST be signed by ALL participants**

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent / Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Phone # \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone # \_\_\_\_\_

**\*Please list all medical information in the space provided on the reverse of this document.**





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Participant \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Preferred Hospital provider if applicable \_\_\_\_\_

Medical Concerns: Please list all information pertaining to allergies, diet, special medications, health conditions or any other information necessary in an emergency situation. Explain fully.

\_\_\_\_\_

Allergies, \_\_\_\_\_

\_\_\_\_\_

Prescription medications (please include name of prescription, dosage and times)

\_\_\_\_\_

Permission to give over the counter medications

We (I) are the parent(s) or legal guardian(s) of the participant, and hereby grant permission for \_\_\_\_\_ to be given common over the counter medications as necessary for non-emergency treatment of minor ailments. **Please list any exceptions**

\_\_\_\_\_

Parent / Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

