

LIGHT OF THE WORLD CATHOLIC CHURCH

2011-2012 Registration for CONFIRMATION

Sacramental Registration Information- This form will automatically enroll you in the LIFE Teen program. Do not fill out a LIFE Teen Registration Form.

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 _____ *Please Circle Grade: 2012 (12th), 2013 (11th), 2014 (10th), 2015 (9th)*

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

Teen's other phone numbers (cell) _____

Parent Information:

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

Mother's cell _____ Mother's Email: _____

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

Father's cell: _____ Father's Email: _____

Primary Residence is with: Mother Father Both

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

Home Phone of non-custodial Parent: *(If applicable)* _____

We can NOT accept registration forms without a recent & updated COPY of baptismal certificate with the 1st Eucharist information & notations on the back!!!

Church of Baptism: _____ Date of Baptism: _____

Address: _____ City _____ State _____ Zip _____

Date of Baptism: _____ Mother's Maiden Name _____

Church of 1st Communion: _____ Date of 1st Communion: _____

Confirmation Payment Information:

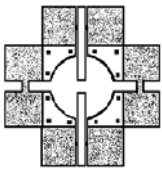
\$55.00 per child registered at Light of the World – Pick up T-shirt at the fall kick-off September 11, 2011

S M L XL XXL

This fee does not cover the mandatory retreat November 11-13, 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 _____

