



St. Columba Catholic Church  
Faith Formation Program

Today's date \_\_\_\_\_

REGISTRATION FORM (check all that apply)

- Religious instruction    Baptism    First Reconciliation    First Eucharist    Confirmation    Youth Group

Registration fee: \$20 per family; \$30 for family-2 or more students / \$35 Sacramental Prep book fee / \$75 Confirmation (not incl retreat)

FAMILY INFORMATION

Mother's Name (including maiden name) \_\_\_\_\_

Religion \_\_\_\_\_ PHONE: H M W \_\_\_\_\_ Email \_\_\_\_\_  
(circle one)

Father's Name \_\_\_\_\_

Religion \_\_\_\_\_ PHONE: H M W \_\_\_\_\_ Email \_\_\_\_\_  
(circle one)

[ Other's Name \_\_\_\_\_ ]

[ Relationship to participant \_\_\_\_\_ Phone \_\_\_\_\_ H W M circle one ]

Emails: \_\_\_\_\_

CANDIDATE / STUDENT INFORMATION

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

Wants to be called \_\_\_\_\_

Age \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade in school \_\_\_\_\_ School \_\_\_\_\_

Current Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Other \_\_\_\_\_

Participant lives with:  Both parents together    Father    Mother    Other \_\_\_\_\_

Place of Birth: City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

Participated in faith formation at another parish? Y N   Parish name \_\_\_\_\_

SACRAMENTAL HISTORY

Is the participant baptized? Yes \_\_\_\_\_ No \_\_\_\_\_

If baptized:

Name of church of baptism \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

Date of Baptism \_\_\_\_\_

Do you have a copy of the baptismal certificate? Yes \_\_\_\_\_ No \_\_\_\_\_

(Please **attach copy** if enrolling in sacramental preparation.)

Is your family registered at St. Columba? Y N

Number of students in family registering for Faith Formation \_\_\_\_\_

next page, please

OFFICE USE ONLY

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Registration fee paid \_\_\_\_\_ Sac Prep book fee paid \_\_\_\_\_  Cash/Receipt given    Check/ ck # \_\_\_\_\_

Date of Sacrament \_\_\_\_\_  Recorded    Church of Baptism notified    Certificate

**IN CASE OF EMERGENCY, NOTIFY PERSON OTHER THAN PARENT/GUARDIAN:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

**HEALTH AND MEDICAL INFORMATION**

Family Physician \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_

Medical Plan \_\_\_\_\_ Plan Number \_\_\_\_\_

Do you authorize the adult leader to authorize medical treatment for your child in an emergency, as considered necessary by the attending physician? Yes No

State any reasons why you do not want medical care given to your child in an emergency:

Has your child had difficulty with the following (circle all that apply):

- Asthma    Fainting Spells    Convulsions    Diabetes    Heart
- Eyes    Ears    Nose    Throat    Lungs    Digestion    Menstrual problems
- Other \_\_\_\_\_

List any physical restriction or restrictions for any activity on the basis of medical condition:

State the date of your child’s last physical examination: \_\_\_\_\_

**PARENTAL PERMISSION AND ACKNOWLEDGMENT OF CONDITIONS FOR PARTICIPATING IN PROGRAM**

1. I/we agree to direct my/our child to cooperate and comply with reasonable directions and instructions from Faith formation staff or adult volunteer leaders.
2. I/we agree to be responsible for all medical expenses relating to injury of my/our child as a result of his/her participation in this event, whether or not caused by the negligence of parish, faith formation program employees, agents or volunteers or other participants.
3. I/we understand that youth participating in faith formation events may risk injury to the body, psyche or property damage to themselves and others. Such injuries can be caused by other persons or facilities, vehicle accidents while in transport or through the activity itself.

**RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT**

In consideration for being permitted to participate in faith formation activities, use the equipment provided and to enter the premises or facilities of the Diocese of Oakland (Diocese) for any purpose including observation and participation in activities, the parent or guardian for him or herself and any successors in interest an on behalf of the minor child agrees:

1. To release, waive, discharge and promise not to sue the Diocese of Oakland, and its affiliated entities, its officers, directors, employees, agents and volunteers (hereafter referred to as “Releases”) from all liability for any loss or damage, and any claim or demands therefore on account of serious or mortal injury to the body, injury to psyche or property of the participant, whether caused by negligence or other conduct by the Releases while the participant is participating in this event or in, upon or about the premises of the Diocese or any of its facilities or equipment.
2. To indemnify and hold harmless the Releases from any loss, liability, damage or cost it may incur due to the presence of the minor child, parent guardian in, upon or about the premises of the Diocese, its facilities or equipment, or while participating in any youth ministry activities whether caused by the negligence of Releasees or otherwise.
3. That the participant has read this Agreement, voluntarily signs the Agreement and that no oral representations, statements or inducements apart from the contents of this written Agreement have been made.

**PHOTO/VIDEO RELEASE STATEMENT**

I hereby (circle one) GRANT/ DECLINE permission for my child(ren) named on this form to be photographed and/or videotaped during Faith Formation activities and events; and for the resulting photographs and/or videotaped footage to be edited, if necessary, and be published and/or broadcast (newspaper, church bulletin, church/diocesan website, etc.) for the purpose of promoting the activities of St. Columba Parish.

I have read this Agreement, understand everything written above and have provided truthful information.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Printed Name of Parent or Guardian