

# Confirmation Registration

Candidate's full name: \_\_\_\_\_ Date of Registration: \_\_\_\_\_

Preferred name (nickname): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Sex: Male / Female

Grade: \_\_\_\_\_

School: \_\_\_\_\_

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

Place of Baptism: \_\_\_\_\_

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

Place of First Communion: \_\_\_\_\_

Date of First Communion: \_\_\_\_\_

Father's name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Mother's name (Maiden name): \_\_\_\_\_ (\_\_\_\_\_)

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Mailin address: \_\_\_\_\_

Is family registered at St. Gall: Yes / No

## STUDENT OR YOUTH EMERGENCY INFORMATION

PARISH/SCHOOL/DIOCESAN ENTITY \_\_\_\_\_ CITY: \_\_\_\_\_

FAMILY NAME \_\_\_\_\_

Only ONE EMERGENCY INFORMATION form per family unit is necessary.

Full Name of Child	Sex	Date of Birth	Special Health Condition (describe) or Medication prescribed or Dietary needs etc.

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Mother/Guardian \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Mother's Work number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Name of Father/Guardian \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Father's work number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

If divorced, name of legal custodial parent: \_\_\_\_\_

Do Mother and Father have Joint Custody? (Y/N) \_\_\_\_\_

If custodial parent cannot be reached, may we contact non-custodial parent? (Y/N)

RESPONSIBLE ADULT(s) who have agreed to assume responsibility for child, if parent/guardian cannot be reached.

Name	Address	Phone	Relationship to Child

Physician of Choice: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Hospital of Choice: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

If I, or responsible adult, and physician of choice, as indicated above, cannot be reached in an emergency and immediate medical and/or hospital attention is indicated I hereby authorize the transporting of my child to a hospital or physician for treatment.

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

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

## PERMISSION SLIP FOR MULTIPLE ACTIVITIES

1. Consent: I grant my permission for my child \_\_\_\_\_ to attend and participate in the activities identified on page 2 of this Permission Slip (these events are referred to in this Permission Slip as "Activities").

2. Student Cooperation: My child agrees to abide by all the rules of these Activities and to obey the staff in charge of these Activities. The Parish, School, and Diocese will not be liable for my child's failure to cooperate and/or to abide by the rules. Any infraction of the rules may result in the immediate dismissal of my child from the Activity or Activities at my expense and without refund to me of the costs paid for the Activity or Activities.

3. First-Aid/Emergency Treatment: I authorize the School, Parish, and Diocese and its employees and volunteers to administer first-aid to my child if deemed necessary and appropriate to preserve the life, limb or well-being of my child. I authorize the Parish, School, and Diocese to contact and engage medical personnel and arrange for emergency treatment of my child, including transportation for medical, dental, surgical or hospital care or diagnosis, and I consent to that treatment for my child. I agree that I am financially responsible for such medical treatment.

4. Administration of Medication provided by parent/guardian of child: If my child needs to take prescription or non-prescription medication at any of these Activities, I will provide the medication in its original container. I give permission to an adult employee or adult volunteer to administer that medication or assist in the administration of that medication to my child in the dosage prescribed by the prescription or, for non-prescription medication, the dosage recommended on the container by the manufacturer. If there are explicit instructions for this medication, I will provide same in writing.

5. Release: I hereby release and discharge The Diocese of Rockford and its Bishop, and the Parish and School, and the officers, directors, employees, and volunteers of same, from all claims for personal injuries or property damage that I or my child may suffer while my child is attending and/or participating in any of the Activities identified on page 2 of this Permission Slip, unless the injuries or damage resulted from willful misconduct of the Diocese, the Parish, the School or its employees. If I provide medication for my child to take during any of these Activities, I hereby release and discharge The Diocese of Rockford and its Bishop, and the Parish and School, and the officers, directors, employees, and volunteers of same, from all claims for personal injuries or property damage that I or my child may suffer as a result of the administration of or lack of administration of or assistance in or lack of assistance in the administration of said medication to my child, whether by my child and/or an adult employee and/or an adult volunteer; unless the injuries or damage resulted from willful misconduct of the Diocese, the Parish, the School or its employees.

6. In the event I later decide to not allow my child to attend an Activity identified on Page 2 of this Permission Slip, I understand I am required to notify the parish/school/Diocesan entity in writing to the following email address:

[youthministry@stgall.com](mailto:youthministry@stgall.com)

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Check all that apply:

\_\_\_ This Permission Slip applies to all home and away games for the School's \_\_\_\_\_ [sport] team in the \_\_\_\_\_ [school year] season. Those dates and locations are specifically identified here:  
\_\_\_\_\_

X This Permission Slip applies to all Activities that are identified below.

<b>Date of Activity</b>	<b>Name of Activity</b>	<b>Location of Activity</b>
09/2024- 06/2025	Confirmation Events / meeting	St. Gall, Elburn
06/2024 – 05/2025	Youth Ministry Events	St. Gall, Elburn

Parent/Guardian's Signature: \_\_\_\_\_  
Name: \_\_\_\_\_  
                  [PLEASE PRINT]  
Date: \_\_\_\_\_

# FAITH FORMATION PHOTO PERMISSION SLIP – Family

From time to time we take pictures during St Gall Parish activities.

We would like your permission to use these pictures...

Check all that you approve!  
Then check Yes or No below.

- on the parish or school website
- on the parish or school's official Facebook pages
- in the parish or school newsletter
- on the parish or school bulletin boards
- in the parish bulletin
- in The Observer/El Observador
- advertising brochures
- Instagram
- Twitter
- On-line meetings/classes – audio and video
- other \_\_\_\_\_

Pictures are selected to highlight activities at our parish/school.

*Please take a moment to let us know your preferences regarding our use of photos of your children:*

YES. I grant permission to use photos of my child in the ways I've indicated above with an X.

-OR-

NO. Please do NOT take or use any photos of my child.

If I marked an X next to The Observer/El Observador, the official newspapers of the Diocese of Rockford, I also give permission for my child's name to be identified as being in the photo.

If I marked an X next to any of the others (on the parish or school website, on the parish or school official Facebook page, in the parish or school newsletter, on the parish or school bulletin boards, in the parish bulletin, or other) I understand my child's full name will not be used (except for sacraments in the bulletin).

Child(ren)'s Name(s) (PLEASE PRINT):

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Parent/Guardian's Name (PLEASE PRINT):

\_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's Signature:

\_\_\_\_\_ Date: \_\_\_\_\_

## BEHAVIOR EXPECTATIONS OF YOUTH PARTICIPANTS

Youth participants are expected to follow these expectations at all times during the \_\_\_ Youth Ministry and Confirmation \_\_\_ held at \_\_\_ St. Gall \_\_\_ on \_\_\_ 06/2024-06/2025 \_\_\_.

[Activity]

[Location]

[Date or Dates]

### 1. Youth participants will:

- Project an image of Christian consideration, sensitivity, and respect to everyone
- Use Christian consideration, sensitivity, and respect when using electronic devices
- Follow Adult Leaders' rules related to electronic devices
- Project an image of Christian etiquette in their use of language, dress, and behavior
- Refrain from inappropriate touching and verbal harassment
- Respect other persons and/or property, and keep their personal belongings of value with them at all times
- Refrain from actions that could result in injury and/or damage to property
- Follow the stated curfew
- Wear appropriate credentials in order to gain and maintain access to youth activities
- Use courteous and appropriate noise levels in lobbies, hallways, and sleeping areas, especially later in the evening
- Maintain the spirit of the activity
- Report problems of **any kind** to your Adult Leader, or trusted adult

### 2. Youth participants will not:

- Possess weapons, look-alike weapons, or explosive materials of any kind
- Purchase, possess, distribute, sell, receive, or use tobacco products of any kind, alcohol, illegal drugs, vaping material, ecigarettes or marijuana
- Engage in any form of sexual activity or sexual harassment
- Purchase, download, possess, distribute or view pornography
- Visit or gather in hotel rooms with the opposite gender
- Engage in any form of body piercing or tattooing
- Take inappropriate photos, or post to social media or distribute through any digital or electronic means inappropriate photos or content
- Make statements of a sexual nature, or threatening nature, or use foul language

### 3. Appropriate behaviors at youth activities:

- Side hugs
- Shoulder to shoulder or "temple" hugs
- Handshakes
- "High-fives," hand slapping, and fist bumps
- Verbal praise for a job well-done (not regarding physical attributes)
- Touching hands, faces (usually in context of a blessing), shoulders, and arms of minors
- Arms around shoulders
- Holding hands while walking with younger minors
- Sitting beside younger minors
- Holding hands during prayer
- Pats on the head when culturally appropriate.

4. Inappropriate behaviors at youth activities:

- Inappropriate or lengthy embraces and kisses on the mouth
- Touching private areas of the body
- Going to an isolated area away from the group, or being taken to an isolated area by an adult or peer
- Showing affection in isolated areas of a facility such as sleeping rooms, bathrooms, closets, staff-only areas, other private rooms, or without others present
- Sitting on another person's lap
- Holding children on the lap who are capable of sitting on their own
- Wrestling or tickling with another individual
- Piggyback rides
- Shoulder/back massages
- Any form of unwanted affection or peer sexual harassment
- Compliments or put downs that relate to physique or body development
- Inappropriate sexual statements
- Inappropriate horseplay
- Hiding items belonging to another person
  
- Minors and young adults are expected to exercise modesty of their body at all times. Conduct of a sexual nature, even if it is of a joking nature or is horseplay, is **STRICTLY PROHIBITED**. A minor or young adult who has been reported to have engaged in conduct of a sexual nature, whether physically, verbally, and/or through electronic or digital means, shall be dismissed from the activity, regardless of whether the intention was horseplay or joking. Law enforcement will be contacted when required by law. These types of conduct can result in serious legal consequences. Youth must think before acting.

5. The following personal safety measures should also be remembered and followed:

- Always carry photographic identification with you (driver's license, school ID) if you have one.
- Always travel in a group, with chaperones knowing every youth's location at all times.
- Always look for and use designated crosswalks and pedestrian bridges.
- Sleeping room doors should to be locked at all times. Youth shall not open doors unless they can verify who is knocking and what the person's credentials are.
- Sleeping room numbers and telephone numbers should not be given to strangers or distributed publicly.
- Follow fire safety procedures and emergency exit procedures.
- Do not make jokes or threats about weapons, bombs, terrorists, or other dangerous acts.
- Report all safety or security concerns or threats to your Adult Leader.

I have read and shared this information with my child, \_\_\_\_\_.  
Name of student

Parent/Guardian's Signature: \_\_\_\_\_

Name: \_\_\_\_\_  
[PLEASE PRINT]

Date: \_\_\_\_\_