



ST. MARGARET *of* YORK
CATHOLIC CHURCH

CONFIRMATION REGISTRATION

Student Name: _____

Address: _____

Date of Birth: _____ City of Birth: _____

*Date of Baptism: _____ City of Baptism: _____

Church of Baptism: _____

Date of First Communion: _____

Parents' Name: _____

Mother's Maiden Name: _____

Phone: *(home)* _____ *(mobile)* _____

Email: _____

An attempt will be made to include at least one of the following named friends in your child's small group but please keep in mind they are not in small groups the whole evening.

Names of two friends (same gender) for small groups:

Name of School:

Please complete and return to Melissa Capella by Oct. 5th, 2018
(either scan and email back to mcapella@smoy.org, or drop off at parish office)

**Please include a copy of your child's baptismal certificate*

ARCHDIOCESE OF CINCINNATI
PERMISSION, RELEASE AND MEDICAL POWER OF ATTORNEY (rev. 11-2016)

1. I, the parent or lawful guardian of _____ (the "child"), give permission for my child to participate in the activity described on the *Activity Information* form (the "Activity") and release from all liability and indemnify the Archdiocese of Cincinnati (the "Archdiocese"), the Archbishop of Cincinnati (the "Archbishop"), both individually and as trustee for the Archdiocese of Cincinnati, and all parishes and schools within the Archdiocese, and their respective officers, agents, representatives, volunteers, and employees from any and all liability, claims, judgments, cost and expenses, including attorneys' fees, arising out of any injury or illness incurred by my child while participating in or traveling to or from the Activity and further agree not to bring or prosecute or allow to be brought or prosecuted (including but not limited to prosecution through subrogation) in my name, or on behalf of my Child, any claims, lawsuits or actions against the Archbishop, the Archdiocese, and their respective officers, agents, representatives, volunteers and employees.

2. I further understand that my Child's participation in the Activity is purely voluntary and is a privilege and not a right, and that my Child, and I on behalf of my Child, agree to my Child's participation in the Activity in spite of the risks.

3. I agree to instruct my child to cooperate with the Archbishop or his agents in charge of the activity.

4. I appoint the Archbishop or his agents who are acting as leaders of the Activity as my attorney in fact to act for me in my name and my behalf, in any way that I would act if I were personally present, with respect to the following matters if any injury, illness or medical emergency occurs during the activity or related travel:

(i) To give any and all consents and authorizations to any physicians, dentist, hospital or other persons or institutions pertaining to any emergency medications, medical or dental treatments, diagnostic or surgical procedures or any other emergency actions as our attorney shall deem necessary or appropriate for the best interest of the Child.

(ii) I understand that the agents of the Archbishop will make a reasonable attempt to contact me as soon as possible in the event of a medical emergency involving my child.

5. This power of attorney shall lapse automatically upon completion of the activity and related travel.

6. I agree that the Archbishop or his agents may use a photograph, video or other likeness of my child for promotional purposes, website and office functions and use social media and technology to communicate to my child regarding ministry related activities.

7. This acknowledgement and release is intended to be as broad and inclusive as permitted by the law of the State of Ohio, and if any portion hereof is declared invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This acknowledgement and release shall be construed in accordance with the laws of the State of Ohio, except for the choice of law provisions thereof.

I have carefully read and understand and accept the terms and conditions stated herein and acknowledge that this Permission, Release and Medical Power of Attorney shall be effective and binding upon me, my Child, and my own and my Child's personal representative or estate, assigns, heirs, and next of kin and that I have signed this agreement of my own free will.

Signature of Parent or Guardian _____ Date ____ / ____ / ____

Home Address _____ City _____ Zip _____

Place of Employment _____

Work Address _____ City _____ Zip _____

Parent or Guardian Phone No. (w) _____ (h) _____ (c) _____

Emergency Contact _____ Phone No. (w) _____ (h) _____

(c) _____

Medical Information — Completed by Parent or Guardian — Please Print

Child's Name _____ Birth date ____ / ____ / ____
Child's Soc. Sec. No. * _____
Allergies _____
Medications _____
Chronic Conditions (e.g. epilepsy, diabetes) _____
Medical Insurance Co. _____ Policy No. _____
Member's Name _____ Phone No. (h) _____ (w) _____
Member's Birth date ____ / ____ / ____ Member's Soc. Sec. No. * _____
Family Doctor _____ Phone No. _____

* Social Security Number is optional. Please note that some hospitals WILL NOT treat without it.

(See *Activity Information* form below)

ACTIVITY INFORMATION

Completed by Church Agency - Please Print

(As a convenience to parent(s) or guardian(s), a duplicate copy of this information may be attached so as to be retained by them; also any additional information may be attached to further inform them of specific scheduling details, additional activity information, etc.)

A. On-Going Program

Church Agency St. Margaret of York Program or Group Confirmation Prep
Starting Date Oct. 13th, 2018 Ending Date April 14th, 2019 Registration Fee N/A
Usual Location St. Margaret of York Church Usual day and time Sunday 7:15pm-8:45pm
Routine Activities Large group presentation, catechesis, & small group discussion
Group Leader Melissa Capella Telephone No. (513) 697-3105
Other Information _____

_____ Check here if any additional information is attached. (Note: any additional activity information (e.g. schedule, list of specific activities, etc.) may be attached to further inform parents(s) or guardian(s).)

B. One-Time Activity

Church Agency _____ Activity _____
Location _____ Emergency No. _____ Cost _____
Starting Date and Time _____ Meeting Place _____
Ending Date and Time _____ Meeting Place _____
Activities Involved _____
Type of Transportation (if any) _____
Group Leader _____ Telephone No. _____
Other Information _____

_____ Check here if any additional information is attached. (Note: any additional activity information (e.g. schedule, list of specific activities, etc.) may be attached to further inform parents(s) or guardian(s).)



St. Margaret of York Parish
9499 Columbia Rd. • Loveland, OH 45140 • 513-697-3100

Confirmation Sponsor Requirements and Certification Steps

Background

The role of a sponsor for Confirmation is to help the candidate become a true witness of Christ Jesus. The sponsor is trustworthy, willing to listen, and gives witness to faith in Christ Jesus in such a way that a candidate seeks spiritual help from the sponsor. Living a Christ-centered life, sharing faith, allowing faith to inform important life decisions, and giving time, talent and treasure to serve others teaches the candidate to do the same and leads him or her into a deeper personal relationship with Christ Jesus and the Church. To emphasize the strong connection between Baptism and Confirmation, it is appropriate and desirable that one of the godparents from Catholic Baptism serve as sponsor for Confirmation. However, a fully initiated Catholic relative or friend can be a sponsor for confirmation also.

Requirements

Sponsors for Confirmation must:

1. Be suitable for this role and have the intention of fulfilling it.
2. Be at least 16 years of age.
3. Be a Catholic who has been confirmed and has received Holy Communion.
4. Live a life of faith which befits the role to be undertaken.
5. Not be a parent of the candidate.

Certification Steps

1. Complete the top portion of the Confirmation Sponsor Certification form.
2. Send it to the chosen Catholic.
3. Chosen Catholic completes the "Sponsor's Statement of Faith" section.
4. Chosen Catholic asks his or her pastor to complete the "Parish Certification" section – **obtain parish seal.**

Returning Certification Form to St. Margaret of York Parish

1. Certified Confirmation sponsor returns the completed form to the candidate who submits it to his or her Catechist along with the Confirmation Registration Form.



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Confirmation Sponsor Certification Form

Sacramental Candidate's Name: _____

Catholic Godparent's/Sponsor's Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Sponsor's Statement of Faith

I, _____, hereby state that I am:

- 16 years of age or over.
- A fully initiated Catholic (received the Sacraments of Baptism, Confirmation, and Eucharist).
- A registered member of _____ Parish.
- Trying to live a Christ-centered life that includes regular attendance at Sunday and Holy Day Mass.

Sponsor's Signature: _____ Date: _____

Certification by Catholic Sponsor's Parish

This is to certify that to the best of my knowledge, _____
Godparent's / Sponsor's Name

- Is a registered and active member of my parish.
- Is a regular participant in Sunday and Holy Day Mass.
- Is a Catholic canonically in good standing.

Pastor Signature: _____ Date: _____

Church of: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____



