

St. Pius X Confirmation Yr 2 Registration Form (2020-2021)

Youth General Release and Liability

Youth Participant: First Name: _____ Last Name: _____

Date of Birth: _____ Class of (high school graduation year): _____

Parish (if not St. Pius X): _____

Our Confirmation Year 2 Program sessions are held Sunday afternoons, 1:00-2:15pm. Each candidate must attend each session. Candidates are not allowed more than **three (3)** absences. Any additional, unexcused absence must be made up with Lauren Numrich, our Youth & Young Adult Minister.

Program you are registering for (Please check one). We ask that your family commit to either our in-person **or** virtual program.

- In-person Confirmation Yr 2 Program (Sundays, 1-2:15pm)**
 Remote / Virtual Confirmation Yr 2 Program (Sundays 1-2:15pm)

Please attach a photo with your registration - Photo of youth registrant only, no group photos

In the event of needing to meet entirely virtual, this will help our team put a face with a name.

In the spirit of forming discipleship among our core team and youth, we use a small group model for our Confirmation Yr 2 Program. In accordance with the diocesan safety guidelines and CDC protocol, we will be maintaining the same small groups throughout the year. Our core team will gather in prayer and entrust the forming of these small groups to the Holy Spirit. We ask that you please help us with this process, and join us in prayer.

Please list 1-2 names of other youth in our program you'd like to be in a small group with. While we cannot promise small group matches, we can promise our Core Team will be praying for an outpouring of the Holy Spirit in forming these small groups!

- Open to be with anyone, and eager to meet new friends in Christ!
 Names of other youth _____, _____

Registrant Information

Street Address: _____

City/Town: _____ Zip Code: _____

Youth Email Address: _____

Date of Baptism: _____ Church of Baptism: _____

Church of First Communion: _____

The complete sacrament record is compiled at the parish of Baptism. Please provide accurate information so that a Certificate of Confirmation can be forwarded promptly. If the church of baptism is not St. Pius X, a copy of the candidate's baptismal certificate must be provided as part of this application. You can email a copy to confirmation@stpiusxloudonville.org or stop by the office to have a copy made for you.

Parent/Guardian 1 First Name: _____ Parent/Guardian 1 Last Name: _____

Parent/ Guardian 1 Cell Phone: _____ Parent/ Guardian 1 Email: _____

Parent/Guardian 2 First Name: _____ Parent/Guardian 2 Last Name: _____

Parent/ Guardian 2 Cell Phone: _____ Parent/ Guardian 2 Email: _____

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Medical Information

Due to COVID-19 safety regulations, prior to every in-person Confirmation Yr 2 session, parents/guardians must complete a health screening for each child/youth attending. A printable version of this health screening form can be found on the youth ministry pages of our parish website.

Allergies: _____

Dietary Restriction: _____

Special Medical Conditions & Disabilities (do you require special assistance during this event?):

Required medication (please indicate dosage, frequency, etc.)

Insurance Carrier: _____

Policy Number: _____

Date of last tetanus booster: _____

In case of an emergency please contact: First Name: _____ Last Name: _____

Relationship to Youth: _____

Phone Number _____

PARENT/GUARDIAN

I understand that my youth will be responsible for his/her own administration of medication, "self-directed." I understand that the volunteer leaders of the Roman Catholic Diocese of Albany and St. Pius X Church are not licensed health care professionals and take no responsibility to supervise the administration of required medications, which as stated above is to be "self-directed" by my youth.

In consideration of the acceptance of this self-directed permission, I hereby, for myself, my heirs, executors, administrators and assigns, waive and release any and all claims for damages I may have against the Roman Catholic Diocese of Albany and St. Pius X Church their representatives, employees, successors and assigns, arising out of any and all injured sustained.

Signature of Parent / Guardian: _____

date: ____ / ____ / ____

PARENT/GUARDIAN - Youth Photo/Video Release

I hereby authorize and give my consent for the taking of pictures (moving or still) and for their reproduction or posting on social media (facebook/twitter/youtube/instagram/website) for:

1. teaching purposes 2. news release 3. publication 4. community awareness 5. publicity and promotion of conference/activities
I understand that I and my child are not entitled to any compensation or rights in the materials and I release St. Pius X Church and the Roman Catholic Diocese of Albany from any liability for the use of my child's image for the above stated purpose.

Signature of Parent / Guardian: _____

date: ____ / ____ / ____

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PARENT/GUARDIAN AND YOUTH read over:

As a participant of the St. Pius X event/program, I understand and agree to the rules and regulations as determined by the Roman Catholic Diocese of Albany, and St. Pius X Church. I also understand and agree that I will notify my parents or guardian at the time of any infractions requiring my dismissal from the event and that I will be sent home at my own and/or my parent's or guardian's expense.

Signature of Youth Participant: _____

date: ____ / ____ / ____

YOUTH CODE OF CONDUCT

This Code of Conduct is for use with youth under 18 years who serve as volunteers, participants or are in work placement in parishes or schools. Young people under 18 are not required to attend VIRTUS training and apply for a background check as a condition for their ministry or work. Adults responsible for the supervision of young people in ministry or work situations need to review this document with the young person and clarify/explain any part that may not be understood by the young person. This can be done in a group or individual meeting. This form is to be read and filled out by the young person, the parent/guardian, and the supervisor. The form will be kept in the parish or school. I promise to follow the rules and guidelines in this Code of Conduct. I understand that any action inconsistent with or failure to take action mandated by this Code of Conduct may result in my removal from my volunteer or work assignment.

As a youth participant, volunteer or worker I will:

- Safeguard children and other youth entrusted to my care at all times.
- Treat everyone with respect, loyalty, patience, integrity, courtesy and dignity.
- Take care to be positive, supportive, and caring in my speaking, writing, and interacting with children and youth.
- Avoid situations in ministry or work where I am alone with any child.
- Use positive reinforcement rather than criticism or comparison when working with children/youth.
- Cooperate fully in any investigation of abuse of children/youth. Report suspected abuse to my supervisor, or if it involves my supervisor, report it to the pastor/parish life director.
- Be aware that children/young people can easily become infatuated with a youth leader or an adult. If I sense this is happening, I will not encourage it. I will make my supervisor aware of it so that he/she can resolve the matter, including reassigning me to other activities.
- Maintain appropriate physical and emotional boundaries with children/youth.
- Dress modestly and appropriately and not wear any clothing with offensive messages or pictures while exercising my ministry or working.

As a youth participant, volunteer or worker I will not:

- Endorse, during my ministry, any view contrary to the teachings of the Catholic Church.
- Commit an illegal or immoral act.
- Smoke or use tobacco products in the presence of minors.
- Use, possess or be under the influence of alcohol or illegal drugs at anytime while at work or volunteering.
- Verbally threaten or physically abuse anyone.
- Use profanity in the presence of any child, youth or adult.
- Use discipline that frightens or humiliates a child/youth.
- Touch a child/youth in a sexual, overly affectionate or other inappropriate manner.
- Place myself in a situation where my interactions with a child/youth would not be visible to others.
- Accept gifts from or give gifts to children/youth in my care without approval from my supervisor.
- Tolerate inappropriate or bullying behavior by a child/youth towards another child/youth.
- Communicate with minors in my charge about matters unrelated to my responsibilities within ministry.

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By checking the box below, I agree that, along with my parent/guardian(s) I, have read and understand the Roman Catholic Diocese of Albany Code of Conduct for Youth Workers and Volunteers and will honor them while at work or as a volunteer. Both my parents and I understand and agree that the parent/guardian will be notified at the time of any infraction requiring dismissal from work or volunteer assignment at the parish or school where the young person is working or ministering.

Signature of Youth Participant: _____ **date:** ____ / ____ / ____

PARENT/GUARDIAN AND YOUTH read over:

I certify that the facts contained in this registration are true and complete to the best of my knowledge.

I hereby grant permission/consent for the above youth to participate in the event stated above with the Roman Catholic Diocese of Albany, and St. Pius X Church.

I authorize the volunteers, representatives, and chaperones of the Roman Catholic Diocese of Albany, and St. Pius X Church to obtain medical/emergency medical treatment, should it be necessary, during my child's attendance and participation in the above event. I understand that I will be notified immediately should it become necessary to obtain medical/emergency treatment. I relieve the Roman Catholic Diocese of Albany and St. Pius X Church of all responsibility and consequences that may arise as a result of this treatment. I will not hold the Roman Catholic Diocese of Albany and St. Pius X Church liable in the event of injury. Further, I agree to accept any and all financial responsibility as a result of scheduling medical treatment.

I fully understand what is involved in this event and I understand that I have the opportunity to call the youth minister of my youth's group.

Signature of Youth Participant: _____ **date:** ____ / ____ / ____

Signature of Parent / Guardian: _____ **date:** ____ / ____ / ____

Payment:

\$75.00 Confirmation Yr 2 Program

Please make checks payable to St. Pius X. Mail completed registration and payment to address below:

**Attn: Confirmation
23 Crumitie Road
Loudonville, NY 12211**

Upon completion, please return this form to Lauren Numrich, Youth & Young Adult Minister, at St. Pius X Church.
Any questions about our Confirmation program, contact us at (518)462-1336 ext 2009 or
Confirmation@stpiusxloudonville.org