



SEALED

CONTACT VERIFICATION FORM

(Please print clearly)

Candidate's First and Last Name: _____

Email: _____

Cell Number: _____

Parent/Guardian's First and Last Name: _____

Relationship to Child: _____

Email: _____

Cell Number: _____

Are you a primary contact: Yes or No

Would you like to be placed on the "Please do not contact" list? Yes or No

Parent/Guardian's First and Last Name: _____

Relationship to Child: _____

Email: _____

Cell Number: _____

Are you a primary contact: Yes or No

Would you like to be placed on the "Please do not contact" list? Yes or No

AMERICAN MARTYRS CATHOLIC CHURCH

EMERGENCY INFORMATION FORM / *FORMA DE INFORMACIÓN PARA EMERGENCIAS*

(A separate form must be completed for each child. / *Esta forma debe de ser completada por cada hijo(a).*)

Child or Youth Full Name / *Nombre completo del hijo(a)*

If a parent or guardian can't be reached in an emergency, please contact: / *Si el padre, madre o guardián no pueden ser contactados en una emergencia, favor de contactar a:*

First and Last Name / *Nombre completo*

Relationship to child or youth / *Parentesco con el hijo(a)*

Emergency contact phone # / *No. de teléfono de contacto para emergencias*

Name of Family Doctor / *Nombre del médico familiar*

Phone # / *No. de teléfono*

Name of Family Dentist / *Nombre del dentista familiar*

Phone # / *No. de teléfono*

Medical Insurance Carrier / *Compañía aseguradora de salud*

Carrier Policy # / *No. de póliza*

Group # / *No. grupo*

Medical Insurance Address Information / *Dirección de la compañía aseguradora de salud*

Phone # / *No. de teléfono*

List any medical condition which restricts physical activity or requires special attention or minor adjustments. Include conditions such as asthma or allergies (e.g. peanuts, bee stings, etc.) If none, please indicate "none". / *Enumere cualquier condición médica que restrinja la actividad física o requiera atención especial o algún tipo de ajuste menor. Incluya afecciones como el asma o alergias (por ejemplo: al maní, las picaduras de abejas, etc.) Si no hay ninguna, sírvase indicar "ninguna".*

Does your child or youth take any medications? / *¿Está su hijo(a) tomando algún medicamento?* Yes / *Sí* No
If "yes", please provide a list. / *Si responde "sí", provea una lista de medicamentos.*

**PARENT/GUARDIAN RELEASE FOR STUDENT OR MINOR
(NONCOMMERCIAL)**

This section to be completed by the Archdiocesan entity (school/parish/ACC) sponsoring the activity ("Location"):

Name of Location: American Martyrs

The Location intends to use your child's image, name, voice and/or work for noncommercial purposes relating to the event(s) or activity(ies) identified below.

Description of events/activities to which this Release applies:

Sealed Confirmation Program, LifeNights, Teen Tuesday, and all other Youth Ministry events

Duration of Release: July 2023- July 2024

This section to be completed by Parent/Guardian:

I, _____ am the parent/guardian of _____, a minor.

I hereby authorize the Location to use the following personal information about my child:
(Please initial the applicable boxes)

Image: yes no **Voice:** yes no **Name:** yes no **Work:** yes no

I understand and agree that my child's image, voice, name and/or work ("Personal Information") relating to the events or activities described above will be used for noncommercial purposes, including, but not limited to, publicity, exhibits, electronic media broadcasts or research. I understand and agree that my child's Personal Information may be copied, edited and distributed by the Location in publications, catalogues, brochures, books, yearbooks, magazines, exhibits, films, videotapes, CDs, DVDs, email messages, websites, or any other form now known or later developed ("Materials").

The Location may use the Personal Information at its sole discretion, with or without my child's name or with a fictitious name, and with accurate or fictitious biographical material. The Location will not use the Personal Information for improper purposes or in a manner inconsistent with the teachings of the Roman Catholic Church.

I waive any right to inspect or approve any Materials that may be created using the Personal Information now and in the future. In exchange for the opportunity given to my child by the Location to participate in the activity, I agree that neither I, nor my child, will receive monetary compensation, royalties or credit. I understand and agree that the Location shall be the owner of all right, title and interest, including copyright, in the photographs, electronic recordings and Materials. If the Location intends to use the Materials for a commercial purpose, I will be provided at that time with information about the terms of the commercial use.



I hereby waive, release and forever discharge any and all claims, demands, or causes of action against the Location and its affiliated entities, employees, agents, contractors and any other person, organization, or entity assisting them with the photography, electronic recording or Materials, for damages or injuries in any way related to, or arising from the photography, electronic recording or Materials, or the use of the Personal Information, and I expressly assume the risk of any resulting injury or damage.

I further understand and agree that this Authorization remains in effect until it is withdrawn in writing. I understand that if I change my mind about this Authorization, that I will submit another, new authorization form to the Location. However, my new authorization will not have the effect of revoking this Authorization, and the Location will have no duty or obligation to make any changes or alterations to any Materials that may have been prepared based on this Authorization.

I represent that I have read this Authorization, understand the contents and am able to grant the rights and waivers it contains. I understand that the terms of this Authorization are contractual and not mere recitals. I am signing this document freely and voluntarily.

Signature: _____ Date: _____

Print Name: _____ Relationship to Child: _____

Address: _____

Telephone: _____ Cellphone: _____

Email: _____

Name of Child: _____ Age: _____





MEDICAL RELEASE FORM
American Martyrs Catholic Church
700 15th Street, Manhattan Beach, CA 90266
(310) 545-5651 or SRE Office (310) 546-4734

PLEASE PRINT ALL INFORMATION:

Name of Minor: _____

First Name

M.I. Last Name

Home Telephone #: (____) _____

Date of Birth: ____/____/____

Parent/Guardian's Name: _____ Cell Phone#: (____) _____

Parent/Guardian's Name: _____ Cell Phone#: (____) _____

Home Address: _____

Street Number, Street Name, Apt #, City, State, Zip Code

PERMISSION TO TREAT IN CASE OF AN ACCIDENT/EMERGENCY:

I, the legal guardian of the above named minor, request that he/she be permitted to participate in the field trip(s) sponsored by American Martyrs Youth Ministry. I agree to direct the minor to cooperate and conform with the directions and instructions of parish or archdiocesan personnel responsible for the field trip/event. I agree that in the event the minor is injured as a result of his/her participation in the field trip/event, including transportation to and from these activities whether or not cause by the negligence (active or passive) of the parish or archdiocesan youth activity program, or any of its agents or employees, recourse for the payment of any resulting hospital, medical or related costs and expenses will first be had against any accident hospital or medical insurance, or any available benefit plan of mine or of my spouse. I am not aware of any medical condition of my child which would render the event(s) inappropriate for him/her to participate in. I hereby give permission to the physician selected by the youth activities supervisory personnel then present, to render medical treatment deemed necessary and appropriate by the physician.

Parent/Legal Guardian Signature

Date

Please PRINT name of the above signature.

Would You Like to Help?

If you would like to volunteer for any event(s) this year please leave your information below:

Parent Name: _____

Teen's Name: _____

Phone Number: _____

E-mail: _____

What would you like to do? Please check all that apply.

- Loaves and Fishes-*** Driving food to St. Lawrence Brindisi in the month of March
- Life Night Core Member*** – Help provide and serve dinner for Life Nights once a month
- Confirmation Core Member-*** Help lead small group discussions
- Youth Day Carpool*** – Help carpool teens to Los Angeles Youth Day at the Anaheim Convention Center on February 15, 2024
- Retreat Chaperone*** – Help chaperone and assist with Fall or Winter Retreat logistics

(Please return this document to the SRE Office or email a copy to the Director of Confirmation)

Sponsor Form

Name of Sponsor (printed): _____

Address: _____

Phone Number: _____

Are you registered member of this Parish? Yes No

If not, which Parish are you registered with? _____

Have you sponsored someone before? Yes No

For which Sacrament? _____

Do you still communicate with this person? Yes No

What, do you believe, are the qualifications to be a sponsor?

Do you feel comfortable sharing your faith experiences with the youth and the Confirmation community? _____

What are your hopes for this Confirmation process?

Name of the candidate you wish to sponsor:

Are you able to attend the meetings scheduled for the sponsor participation? Yes No

Will you communicate with the candidate at least once a month to review their progress? Yes No

Can you commit yourself to journey the 2 years with the candidate? Yes No

Sponsor Pledge

I believe that _____ is ready for confirmation.

Candidate's First and Last Name

- I fully understand the preparation process and the covenant.
- The Director of this process will have my complete cooperation and support.
- I will help my candidate in any way I can.
- I will be supportive in service projects.
- I recognize this as a time of re-commitment in my own faith life.
- I pray that the holy spirit will guide and direct us during this time of preparation.

Sponsor's Signature

Date

Parish Priest's Signature

Date