

TEEN'S NAME _____

CHOOSE A SACRAMENTAL PREPARATION SESSION

FALL SESSIONS (October – November)

- Sundays 2:45-4:15PM
- Sundays 7:00-8:30 PM
- Tuesdays 7:00-8:30PM

WINTER SESSIONS (January – February)

- Sundays 2:45-4:15PM
- Sundays 7:00-8:30 PM
- Tuesdays 7:00-8:30PM

SPONSOR INFORMATION

Name _____

Mailing Address _____

City _____ State _____ Zip _____

Contact Phone _____ E-mail _____

PROGRAM FEE

- \$100
- I would like to request Financial Aid. I can comfortably pay _____.
- I would like to request my child's fees waived.

Please make check payable to: **St. Monica Catholic Church**

AGREEMENT

I, the parent (guardian) of the above named child, hereby give my permission for his/her participation in the **TEEN CONFIRMATION PROGRAM**. I agree to direct my child to cooperate and conform to directions and instructions of parish, school, or archdiocesan personnel responsible for youth activities.

As a condition of my child being allowed to do so, through this document, I hereby release and discharge the Archdiocese of Los Angeles, its constituent organizations including but not limited to The Roman Catholic Archbishop of Los Angeles, a Corporation Sole, St. Monica Catholic Community, and their officers, employees and volunteers from any and all claims for personal injuries or property damage that (s)he may suffer as a result of his/her participation in the activity described above, whether or not such injuries or damages are caused by the negligence, (active or passive), of any of the entities, or individuals named or described above.

I give permission to the youth activities supervisory personnel then present to seek medical treatment should it be necessary for my son/daughter and to authorize any and all appropriate tests and treatment deemed necessary by the attending physician in the case of medical emergency. This authority is granted only after a reasonable effort has been made to reach me.

I, hereby, authorize the making of photographs, videotapes, recordings, or other memorializing of said event. I, hereby, waive any right to compensation.

PARENT/GUARDIAN'S SIGNATURE _____ **DATE** _____