



Family Name

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Family e-mail(s)

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Father's Full Name \_\_\_\_\_ Virtus  
Trained \_\_\_\_\_

Mother's Full Name \_\_\_\_\_ Virtus Trained?  
\_\_\_\_\_

Mother's Maiden Name

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Address

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Phones:

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Student's Full Name \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender (Circle) Male Female  
Age: \_\_\_\_\_

Adult T-Shirt Size \_\_\_\_ School 2014/2015 \_\_\_\_\_ Entering Grade \_\_\_\_

Student's Cell Phone \_\_\_\_\_

Student's e-mail \_\_\_\_\_

Sacramental History: Give date, church, city and state for each sacrament received.

Baptism: \_\_\_\_\_

1<sup>st</sup> Eucharist: \_\_\_\_\_

Confirmation: \_\_\_\_\_

Is the student enrolling in Confirmation preparation this year? \_\_\_\_ Yes \_\_\_\_ No

If yes please see the additional Confirmation preparation information.

List any allergies, health concerns or special needs that would give our catechists the appropriate support to teach your child:

\_\_\_\_\_

**PLEASE COMPLETE RELEASE FORMS ON THE BACK OF THIS APPLICATION**

**RELEASE OF LIABILITY AND MEDICAL RELEASE**

Child's Full Name \_\_\_\_\_ DOB \_\_\_\_\_

Parent(s)/Guardian's Names \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phones

Emergency Contact Name (other than parents)

Contact Number \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Does your child have allergies?

Details \_\_\_\_\_

Is your child taking any medication?

Details \_\_\_\_\_

Are there any physical or emotional conditions of which we should aware?

Explain \_\_\_\_\_

As parent and/or legal guardian I remain legally responsible for any personal actions taken by the above named minor. I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend St. Nicholas Catholic Church, and the Catholic Diocese of Richmond, its employees and agents, chaperons, or representatives associated with St. Nicholas Youth Ministry from any claim arising from or in connection with my child attending St. Nicholas youth events or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate St. Nicholas, the Diocese, its employees and agents and chaperons, or representatives associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the Diocese.

I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. In the event of any emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers I give permission for the noted emergency contact to be notified. I will not hold St. Nicholas Catholic Church, and/or the Diocese of Richmond responsible for authorizing any medical treatment beyond necessary transportation to the hospital.

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

I give permission for pictures and / or video of my child (named above) engaged in activities related to the Saint Nicholas or the Diocesan of Richmond to be posted in St Nicholas Catholic Church publications, websites or other social media. If no box is checked below, the Church of Saint Nicholas assumes you give permission. \_\_\_\_\_ Yes

\_\_\_\_\_ No

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

For Office Use:

Date \_\_\_\_\_ Amount \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_ By \_\_\_\_\_

Confirmation Fee and CF Fee \_\_\_\_\_ Yes \_\_\_\_\_ No