



# ST. THOMAS AQUINAS CATHOLIC CHURCH

Ojai, California

## Confirmation Registration Form

### I. Candidate Information

Full Name (as it appears on the baptismal certificate):

Nickname:	Age:	Date of Birth:	T-shirt Size:
Cell Phone:	Candidate's Email:		
School (if applicable):			Grade:
Confirmation Sponsor (if applicable):		Confirmation Saint:	
Please check one: <input type="checkbox"/> Youth Confirmation Yr. 1 <input type="checkbox"/> Youth Confirmation Yr. 2 <input type="checkbox"/> Adult Confirmation			
Please mark sacraments received: <input type="checkbox"/> Baptism <input type="checkbox"/> First Holy Communion			

### II.) Address

Mailing Address:		
City:	State:	Zip Code:

### III.) Father's Information

Full Name:
Cell Phone:
<input type="checkbox"/> Use this number for text message notifications
E-mail Address:
Religious Affiliation:

### IV.) Mother's Information

First Name:	Maiden Name:
Cell Phone:	
<input type="checkbox"/> Use this number for text message notifications	
Email Address:	
Religious Affiliation:	

### Emergency Information:

Name of emergency contact:		
Cell Phone Number:	Relationship:	
Name of emergency contact:	Cell Phone Number:	Relationship:

I do hereby give the following adults permission to take my child home, if I am unable to do so:

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

**Registration Fee:** \$90 each candidate/per year. Please turn in with a copy of the candidate's baptismal certificate.

For office use only:	Amount Paid: _____	Church of Baptism: _____
	Balance Due: _____	Address _____
	Date: _____	City: _____ State: _____ Zip Code: _____
	Catechetical Year: _____	Date of Baptism: _____

St. Thomas Aquinas Catholic Church

*Served by the Augustinians*

185 St. Thomas Dr.  
Ojai, CA 93023  
(805) 646-4338  
www.stacojai.org



# Minor Permission & Waiver Form

Archdiocese of Los Angeles  
St. Thomas Aquinas Catholic Church - Ojai, California

Participant's Name: \_\_\_\_\_

I, the parent ("guardian") of the above named child, hereby give my permission for his/her participation in the youth activities sponsored by St. Thomas Aquinas Church. This includes but is not limited to activities on-site at St. Thomas Aquinas Church.

I agree to direct my child to cooperate and conform to the directions and instructions of parish, school, archdiocesan personnel, or volunteers responsible for youth activities.

Liability Release: As a condition of my child being allowed to participate in Youth Ministry events, 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. Thomas Aquinas Church, and their officers, employees, and volunteers) and the Province of St. Augustine from any and all claims for personal injuries or property damage that he/she may suffer as a result of his/her participation in any Youth Ministry activity or event, whether or not such injuries or damages are caused by negligence (active or passive) of any of the entities or individuals named or described above.

Medical Treatment: I give permission to the parish supervisory personnel and volunteers to seek medical treatment should it be necessary for my son/daughter and 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.

Photo Release: I hereby authorize the making and publication of photographs, videotapes, recordings, or other memorializing of an official or unofficial STAC Youth Ministry event and therefore waive any right to compensation from said photographs.

Contact Release: My child may receive emails and/or text messages regarding church events or the cancellation of classes or activities.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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