Registration for the St. Philip Neri – St. Albert the Great 2020-2021 Teen Confirmation Program is now open.

This is a two-year Sacramental Preparation Program serving Catholic Teens of our parish community currently enrolled in grades 8th - 11th.

Our program includes monthly & bi-monthly Faith Formation Sessions, Youth Mass & Liturgical Celebrations, Volunteer Service Opportunities, Diocesan Youth Events, and a 2nd year Retreat Weekend, all designed at preparing Teen Candidates to receive the Sacrament of Confirmation by helping them come to

"Know, Love and Live our Catholic Identity."

**Our program begins Sunday, October 4th**

via Zoom Session  
First Year @ 3pm  
Second year @ 4pm

To learn more, please contact  
Catherine Morales  
Youth Minister  
youth@spnsa.org  
510-373-5216

Registration forms are available online https://spnsa.church/ and in the parish and school offices.

Please return completed forms via email or to the parish office. Thank You!
St. Philip Neri – St. Albert the Great Confirmation Registration Form

☐ First Year  ☐ Second Year

Name___________________________ Date of Birth____________________

Parent(s) Name__________________ (Please include Mother’s Maiden Name)

Address__________________________

City________________ State________ Zip________

Home Phone:________________ Parent Cell Phone:________________

Parent Email________________ Teen Email________________

School________________________ Grade________________

Parish you are registered in________________

Date and Parish of Baptism:________________

Church address____________________

Diocese________________________ (A copy of the Baptismal Certificate must be included with this form)

Date and Parish of First Communion:________________

Sponsor’s Name____________________

CONFIRMATION NAME __________________________

REGISTRATION FEES: First Year - $100 Second Year - $200 $50

*Please note, due to Covid, we are simply asking for a donation of $50 to help cover the cost of materials, supplies and online access. Donation payable by check.

Does your son/daughter have any learning disabilities or special needs you think we should know about? Yes / No (Please use additional space on reverse if needed)
SPONSOR INFORMATION FORM

Date: ___________  Candidate’s Name: _________________________________

Name: ________________________________

Address: ___________________  City: ______________  Zip: ___________

Phone: ___________________  Email: ________________________________

Date of Birth: _______________  Place of Birth: __________________________

Sponsor’s Parish: ________________________________

Address: ___________________  City: ______________  Zip: ___________

If you are not a registered member of St. Philip Neri — St. Albert the Great, a letter from your pastor/parish attesting your ability to be a sponsor for the sacrament of Confirmation is required. This letter must arrive in our church office 60 days prior to Confirmation which is scheduled on ____________________.

To be a Sponsor, I realize that I must:

1. Be an active, practicing Catholic
2. Not be one of the candidate’s parents
3. Be at least 18 years of age
4. Have received the sacrament of Confirmation
5. Be receiving the sacraments of Penance and Eucharist frequently.
6. Be married in the Catholic Church, if married.
7. Plan to maintain an ongoing relationship with the candidate to promote the candidate’s lifelong spiritual growth.

Relationship to Candidate: ________________________________

I declare that I am living such a life and that I will be a long term spiritual guide and mentor for my candidate.

_________________________  __________________________
Sponsor’s signature  Date
Diocese of Oakland
Office of Youth and Young Adult Ministry
PARENTAL PERMISSION, HEALTH AUTHORIZATION, RELEASE FORM
THERE MUST BE A COPY OF THIS FORM AT ALL YOUTH MINISTRY ACTIVITIES

Child's Name__________________________________________Parish________________________

Address____________________________________________Phone___________________________

School_________________________________________Grade__________Birth Date____________

Parent/Guardians Name________________________________Home Phone____________________

Address____________________________________________Work Phone________________________

Pager or other Number__________________________________

IN CASE OF EMERGENCY, NOTIFY PERSON OTHER THAN PARENT/GUARDIAN:

Name__________________________________________Phone______________________________

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HEALTH AND MEDICAL INFORMATION

Family Physician____________________________________Address__________________________

__________________________________________Phone___________________________

Medical Plan______________________________________Plan Number_______________________

Do you authorize the adult leader to authorize medical treatment for your child in an emergency, as
considered necessary by the attending physician? □ Yes □ No
State any reasons why you do not want medical care given to your child in an
emergency:

Has your child had difficulty with the following (circle all that apply):
Asthma Fainting Spells Convulsion
Diabetes Heart Eyes Ears
Nose Throat Lungs Digestion
Menstrual Problems
Other_____________________________________________________

List any physical restriction or restrictions for any activity on the basis of medical
condition:

State the date of your child's last physical examination:______________________________


Parental Permission and Acknowledgment of Conditions for Participating in Program

1. I/we, parent or authorized guardian of the child named above, give permission for his/her participation in the 2020-2021 Youth Confirmation Program, and all related activities, including but not limited to transportation to and from this youth ministry event.

2. I/we agree to direct my/our child to cooperate and comply with reasonable directions and instructions from Youth Ministry staff or adult volunteer leaders.

3. I/we agree to be responsible for all medical expenses relating to injury of my/our child as a result of his/her participation in this event, whether or not caused by the negligence of parish, youth ministry program employees, agents or volunteers or other participants.

4. I/we understand that youth participating in youth ministry events risk injury to the body, psyche or property damage to themselves and others. Such injuries can be caused by other persons or facilities, vehicle accidents while in transport or through the activity itself.

RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

In consideration for being permitted to participate in the 2020-2021 Youth Confirmation Program, use the equipment provided and to enter the premises or facilities of the Diocese of Oakland (Diocese) for any purpose including observation and participation in activities, the parent or guardian for him or herself and any successors in interest and on behalf of the minor child agrees:

1. To release, waive, discharge and promise not to sue the Diocese of Oakland, and its affiliated entities, its officers, directors, employees, agents and volunteers (hereafter referred to as “Releases”) from all liability for any loss or damage, and any claim or demands therefore on account of serious or mortal injury to the body, injury to psyche or property of the participant, whether caused by negligence or other conduct by the Releases while the participant is participating in this event or in, upon or about the premises of the Diocese or any of its facilities or equipment.

2. To indemnify and hold harmless the Releases from any loss, liability, damage or cost it may incur due to the presence of the minor child, parent guardian in, upon or about the premises of the Diocese, its facilities or equipment, or while participating in any youth ministry activities whether caused by the negligence of Releases or otherwise.

3. That the participant has read this Agreement, voluntarily signs the Agreement and that no oral representations, statements or inducements apart from the contents of this written Agreement have been made.

Model Release Statement

I hereby (circle one) GRANT/DECLINE permission for my child (ren) named on this form to be photographed and/or videotaped during Youth Ministry & Faith Formation Activities and events; and for the resulting photographs and/or videotaped footage to be edited, if necessary, and be published and/or broadcast (newspaper, church bulletin, church/diocesan website, etc.) for the purpose of promoting the activities of St. Philip Neri- St. Albert the Great, St. Barnabas, St. Joseph Basilica.

I have read this Agreement and understand everything written above.

__________________________________________________________ Date
Signature of Parent or Guardian
__________________________________________________________ Date
Signature of Parent or Guardian
Dear Parents:

Throughout the Confirmation Program, we will occasionally take photographs and/or video clips of group activities and programs for purposes of community building and occasional publication in the bulletin, Church display and Website.

Name of Child/Children:  
______________________________  
______________________________  
______________________________

Grade:  
______________________________  
______________________________  
______________________________

☐ I give the Parish permission to use my child’s name and photograph.  
☐ I do not give the Parish permission to use my child’s name and photograph.  

______________________________  
Parent’s Signature  

______________________________  
Date