



Diocese of Sacramento Confirmation Conference

Saturday & Sunday, March 3-4, 2012 * St. Francis High School



DIOCESE OF SACRAMENTO

Youth & Young Adult Ministry Office

2110 Broadway + Sacramento, CA 95818 + (916) 733-0152 + kstaszgow@diocese-sacramento.org

April 13, 2011

Dear Pastor / Principal / Confirmation Coordinator,

I'm writing to invite you and your parish/school to our 3rd Annual Confirmation Conference which will take place twice on Saturday, March 3, 2012 from 10am - 4pm and Sunday, March 4, 2012 from 10am – 4pm at St. Francis High School in Sacramento. The day is intended for all junior high and high school youth (7-9th Graders) who are scheduled to receive the sacrament of Confirmation in 2012.

The purpose of the Confirmation Conference is to gather all those that are receiving Confirmation in a given year for a day that reminds them that they have been called by their Baptism to live as disciples of Christ, affirms their decision to prepare for the sacrament of Confirmation, empowers and strengthens them for this process, and challenges them to make their Catholic faith come alive in their everyday lives. The day will also serve a function similar to the "Rite of Election" in the RCIA where all the candidates gather with their diocesan bishop to commit to a final stage of preparation for Confirmation.

The day will feature keynote speaker David Bisono, Praise and Worship Bands, workshops, games and Confirmation related activities. The day will culminate with Mass with Bishop Jaime Soto in which the candidates will all renew their baptismal promises, receive a blessing, and commit to the final phase of their Confirmation preparation.

Cost for the day will be \$25 and includes lunch and a t-shirt. Space is limited and we can only accommodate about 2/3rds of the Confirmation students in our diocese, so please register early. Registration will be on a first come/ first served basis. Parish/school groups must provide one screened and trained chaperone for every 8 participants. Registration information and the full information on the day are enclosed/attached. Please check the conference website at <http://confirmationconference.com> for further details, promotional videos, etc. Online Registration starts May 15th.

Busing for the northern part of the diocese is currently being planned for the Sunday event from Redding at a cost of \$20 per student at 6:00am the morning of the event. If you are interested in busing, please contact me ASAP.

Kevin Staszgow
Director of Evangelization and Catechesis

ONLINE registration will be available starting May 15, 2011 at <http://confirmationconference.com>



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Details at a Glance

What: Diocese of Sacramento Confirmation Conference
When: Saturday, March 3, 2012 from 10am -4pm OR Sunday, March 4, 2012 from 10am – 4pm
Where: St. Francis High School, Sacramento
Who: 7-9th Graders scheduled to receive Confirmation in 2012.
One screened and trained chaperone is expected for every eight participants.
Cost: \$25 per person (includes lunch & a t-shirt)
Deadlines: Registration is limited, so register early.
More Info: Contact Kevin Staszko 916-733-0152 or kstaszkow@diocese-sacramento.org

Registration

This year ALL REGISTRATION will be handled ONLINE at <http://confirmationconference.com>. Please note that 1 adult chaperone is REQUIRED for every 8 participants. Chaperones must be over age 25 and must be fingerprinted (or properly screened) and complete the online training. **Registration must include payment. ONE CHECK PER PARISH PLEASE. All registration is ONLINE this year at <http://confirmationconference.com>**

Code of Behavior

To be sure everyone is clear about what is considered appropriate behavior. Be sure both parents and youth understand the Code of Behavior (contained in the permission form for event), as their signature is required. The adult coordinator and adult chaperones are responsible for the behavior of their group throughout the Conference.

Dress Code

Our dress code is simple—neat, casual clothing. All clothing worn must be in good taste, clean, and not tattered. Clothing advertising products, behavior, and values contrary to the Catholic Church are unacceptable. Also unacceptable are: strapless, tube, or spaghetti-strap tops, short-shorts, and extremely over-sized clothing. Jeans, shorts, and tennis shoes are fine. The adult coordinator and adult chaperones are responsible for communicating the dress code to youth participants and ensuring that all are attired appropriately. It is not necessary to bring dress-up clothing.

Diocesan Consent-to-Treat Form

When you bring a group to the Convention, please be sure you have the approved diocesan consent-to-treat form for each participant and each adult. **The adult coordinator is responsible for keeping these forms in his/her possession (or in the possession of the appropriate drivers) throughout the Conference. Do not** send these forms in with your registration form(s). Forms are included below.

Financial Difficulty

No one is to be turned away from the Conference because of financial limitations. If you become aware of a teen who would like to attend but cannot afford to do so, please check to see if there is money available from the parish or school. If it is impossible for the parish or school to cover the cost, please contact the Diocesan Youth and Young Adult Ministry Office. Partial and/or full scholarships to the Conference are available.

Food

Lunch will be included. A snack bar will be available during breaks and lunch.

Special Needs

If you have a participant with special needs, please note it on the registration form. Interpreters for the hearing-impaired and deaf community are available with advance notice.

ONLINE registration will be available starting May 15, 2011 at <http://confirmationconference.com>

EMERGENCY HEALTH / MEDICAL INFORMATION AND CONSENT

In the event of an emergency, I, the undersigned parent/guardian of the child named on this form, hereby give permission to the Diocese of Sacramento, parishes and schools within the Diocese, and their employees, agents, representatives, and adult volunteers, to arrange for and authorize emergency medical, dental, or surgical treatment for my child, as considered necessary by the attending physician. I wish to be advised prior to any further treatment by the hospital or doctor.

Family Doctor: _____ Phone: _____
Family Dentist: _____ Phone: _____
Family Health Plan Carrier: _____
Policy Number: _____

I also agree to provide designated parish/school/diocesan representatives with current telephone numbers at which I can be reached, as well as the names and phone numbers of individuals who are likely to know where I am should an emergency arise. In the event of an emergency, if you are unable to reach me at the numbers listed above, please contact:

Name: _____
Relationship: _____
Telephone: _____ Alternate Contact Number: _____

Signature of Parent/Guardian Date

MEDICATIONS AND NON-EMERGENCY HEALTH TREATMENT

[Please sign/authorize all of the following authorizations/directions that are applicable]

- 1. If my child becomes ill with symptoms that do not indicate emergency medical treatment (e.g., headache, vomiting, sore throat, fever, diarrhea), I wish to be called (collect / reversed phone charges if necessary) to be informed of my child's condition.

Signature of Parent/Guardian Date

- 2. My child is currently taking the following medication(s), which he/she will bring on this activity, in well-labeled, original containers that include clear directions for dosage and frequency of use. I hereby give permission for an adult leader to administer the following medication(s):

Signature of Parent/Guardian Date

3. No medication of any type (prescription or nonprescription) may be administered to my child unless his/her condition is life threatening and emergency treatment is required, as considered necessary by the attending physician.

Signature of Parent/Guardian

Date

4. I hereby grant permission for nonprescription medication (e.g., non-aspirin pain relievers, throat lozenges, cough syrup) to be given to my child, if deemed advisable by the adult supervisor of the activity, subject to the following exceptions (write "none" if there are no specific exceptions):

Signature of Parent/Guardian

Date

SPECIFIC MEDICAL INFORMATION/CONDITIONS

Allergic reactions (to medications, foods, plants, insects, etc.)?

Immunizations (date of last tetanus/diphtheria immunization):

Current medications being taken by child:

Medically-prescribed dietary restrictions?

Physical limitations?

Learning disabilities or related conditions (ADD, ADHD, reading or writing difficulties, etc.)?

History of severe homesickness, emotional reactions to new situations, sleepwalking, bed wetting, fainting?

Any recent exposure (within the past two weeks) to contagious disease/condition, such as mumps, measles, chicken pox? If so, specify the date and the condition exposed to:

Any dietary restrictions (other than allergies identified above)?

Any other special medical issues or other conditions to be aware of?

PARENT AGREEMENT / CONSENT

I/we, the undersigned parent or guardian of the child named on this form give permission for my/our child's participation in the activity referred to on this form, and in addition to the Health/Medical Information Consent provisions that we have agreed to above:

- Direct Child to Cooperate: I/we agree to direct my/our child to cooperate and comply with all reasonable directions and instructions from parish/school/diocesan staff or adult volunteer leaders.
- Consent for Transportation (if applicable): I/we give permission for my/our child to be transported to and/or from the specified programs, events, and activities in vehicles driven by adult leaders selected by the parish/school/diocesan coordinator, in accordance with diocesan guidelines.
- Responsibility for Medical Expenses: 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 activity, whether or not caused by the negligence of the parish, school, or diocesan employees, agents, volunteers or other participants.
- Acknowledgment of Risks: I/we understand that in the course of participating in this activity, my/our child may engage in activity that carries a risk of injury to the body, psyche, or property of themselves and others. Such injuries can be caused by other persons, may be accidental or self-inflicted, or may arise from faulty equipment or facilities, existing conditions of recreational facilities, vehicle accidents while in transport during an activity, or through the activity itself.

Accordingly, in consideration for being permitted to participate in the specified activities, to use the equipment provided, and to enter the premises and facilities of the Diocese of Sacramento, for any purpose including observation of and participation in activities, the undersigned parent or guardian, for him or herself and any successors in interest, and on behalf of the minor child, agrees as follows:

1. To release, waive, discharge, and promise not to sue the Roman Catholic Bishop of Sacramento, a corporation sole, and its affiliated entities, employees, agents, and volunteers (the "Diocese") from all liability for any loss or damage, and any claim or demands therefore on account of injury to the body, injury to psyche, or injury to property of the minor child, or to undersigned parent or guardian, whether caused by negligence or other conduct by the Diocese while the minor child, parent, or guardian is participating in the specified activities or in, upon, or about the premises of the Diocese or any of its facilities or equipment. \
2. To indemnify and hold harmless the Diocese from any loss, liability, damage, or cost it may incur due to the acts of the minor child, parent, or guardian in, upon, or about the premises of the Diocese, its facilities or equipment, or while participating in any parish, school, or diocesan activities whether caused by negligence or otherwise.
3. That he or she has read this Consent Form and agreement and voluntarily signs it, and that no oral representations, statements, or inducements apart from the contents of this Form have been made.

I/we have read this Agreement and understand and agree to everything set forth above.

Signature of Parent or Guardian

Date

Signature of Parent or Guardian

Date

CATHOLIC YOUTH MINISTRY - DIOCESE OF SACRAMENTO CHAPERON / ADULT PARTICIPANT FORM

(This form is for the express use of junior high and high school youth ministry in the Diocese of Sacramento. It is not intended for use by Catholic schools or parish faith formation classes. The form remains in effect for one year from date of signature.)

Chaperon/Adult Participant _____ Date of Birth (month/day/year) _____

Street Address: _____

City / State / Zip Code: _____ Email _____

Home Telephone Number (include area code): _____

Work Telephone Number (include area code): _____

EMERGENCY MEDICAL TREATMENT

In the event of an emergency, I hereby give permission to the Diocese of Sacramento, parishes within the Diocese, and their employees, agents, representatives and volunteers, to transport me to a medical facility for emergency medical, dental or surgical treatment. I hereby consent to those aforementioned individuals to authorize emergency treatment for me. In the event of an emergency, please contact:

NAME: _____

RELATIONSHIP: _____

TELEPHONE (include area code): _____

FAMILY DOCTOR: _____

TELEPHONE (include area code): _____

FAMILY HEALTH PLAN CARRIER: _____

POLICY NUMBER: _____ PARTICIPANT'S SOC SEC # _____

(1) Signature _____ Date _____

MEDICATIONS

I am taking medications at present. I will bring all such medications necessary, and such medications will be well-labeled. Names of medications and concise directions for taking such medications, including dosage and frequency of dosage are as follows:

SPECIFIC MEDICAL INFORMATION: The Diocese of Sacramento will take reasonable care to see that this information will be held in confidence.

.....
Allergic reactions (medications, foods, plants, insects, etc.)

.....
Immunizations: Date of last tetanus / diphtheria immunization

.....
Do you have a medically prescribed diet?

.....
Any physical limitations?

.....
Have you recently been exposed to contagious disease or condition, such as mumps, measles, chicken pox, etc? If so, date and disease or condition.

.....
Line 1: You should also be aware of these special medical conditions.

.....
Line 2: Special medical conditions, continued.

LIABILITY WAIVER

For value received, I agree on behalf of myself, my heirs, successors, and assigns, to forever release, discharge, defend and hold harmless the DIOCESE OF SACRAMENTO, parishes of the Diocese, the Office of Youth Ministry, their staff, officers, directors, employees, agents, volunteers, sponsors, promoters, and affiliates, from any and all liability, claim, loss, damage, cost or expense that may be made or brought on my behalf against the DIOCESE OF SACRAMENTO, parishes of the Diocese, the Office of Youth Ministry, their staff, officers, directors, employees, agents, volunteers, sponsors, promoters, and affiliates. I forever waive any such claims against any such person or organization arising directly or indirectly from, or attributable in any legal way, to any action or omission to act of any such person or organization named above.

I fully understand the consequence of the foregoing statements and sign this **CONSENT FORM / LIABILITY WAIVER** knowingly, freely, and willingly. **(Your signature must appear below or you will not be permitted to serve as a chaperon/ adult participant in the Youth Ministry.)**

(2) Signature _____ Date _____

Being in the possession of alcoholic beverages, drugs or weapons is cause for automatic dismissal from any Youth Ministry program, event, or activity. I agree to uphold and exemplify positive Catholic values and morality at all Youth Ministry programs, events, and activities.

(Your signature must appear below or you will not be permitted to serve as a chaperon/adult participant in the Youth Ministry.)

(3) Signature _____ Date _____

DIÓCESIS DE SACRAMENTO
PERMISO DE LA ACTIVIDAD JUVENIL, LA LIBERACIÓN DE MÉDICOS,
LOS PADRES Y FORMULARIO DE CONSENTIMIENTO

Nombre: _____ Fecha de Nacimiento: _____ Grado: _____
Nombres de los Padres / Guardianes: _____
Dirección: _____
Ciudad / Estado / Código Postal: _____
Número de teléfono: (Pariente # 1) _____ (Pariente # 2) _____
Número trabajo: (Pariente # 1) _____ (Pariente # 2) _____
Número móvil: (Pariente # 1) _____ (Pariente # 2) _____
Parroquia / Escuela : _____
Evento / Fecha: _____

(Este formulario puede ser utilizado para eventos específicos e individuales, o hasta para todo un año escolar, si es para uso en relación con las actividades de la Escuela Católica. Una nueva forma se requiere cada año posterior.)

Diocesis de Sacramento Convencion de Confirmación,
St. Francis High School, Sacramento * March 3 OR March 4, 2011 from 10am - 4pm

TRANSPORTACIÓN:

- Proporcionado por adultos acompañantes (de conformidad con las directrices diocesanas)
- Jóvenes participante y la familia para proporcionar

- Otro: _____

CÓDIGO DE CONDUCTA PARA LOS JOVENES:

Estoy de acuerdo a valorar y ejemplificar los valores Católicos, y entiendo que mi participación en este programa requiere el seguir las normas y reglamentos con respecto a mi conducta. Específicamente estoy de acuerdo que durante mi participación en este programa:

- Voy a seguir las instrucciones de los dirigentes de adultos;
- Voy a tratar a los líderes adultos y otros participantes con respeto;
- Me quedaré con mi grupo asignado, y participar en la actividad aprobada;
- Voy a vestirse apropiadamente en todo momento;
- No voy a usar, llevar, o estar bajo la influencia de drogas ilegales o alcohol;
- No fume ni use productos de tabaco;
- No voy a participar en conducta sexual inapropiada;
- No voy a estar en la posesión o el uso de armas de fuego, cuchillos o armas de ningún tipo;
- No voy a participar en los actos de violencia, el robo, la deshonestidad, los juegos de azar, o profano, y
- Voy a respetar la propiedad física de la instalación y de los demás, y se compromete a no involucrarse en actos de vandalismo.

Estoy de acuerdo en acatar estas normas y la supervisión de adultos, líderes, y entiendo que violaciones se tratará en una inmediata y adecuada. Si debo ser despedido de la participación en el programa, entiendo que mis padres se pondrá en contacto para organizar el transporte inmediato de mi casa.

Firma del Participante

Fecha de la Juventud

Firma del padre (que reconoce el compromiso): _____

INFORMACION MEDICA E INFORMACION DE CONTACTOS DE EMERGENCIA

Entiendo que en el evento de una emergencia, Yo siendo el pariente/guardián del niño nombrado por debajo de esta forma doy permiso a la Diócesis de Sacramento, las parroquias y las escuelas en la diócesis, y sus empleados, agentes, representantes, y voluntarios, para organizar y autorizar tratamientos de emergencia médica, odontológica, quirúrgica o tratamiento para mi hijo(a), como lo considera necesario, el médico tratante. Deseo ser informado antes de cualquier tratamiento adicional por el hospital o el médico.

Médico familiar: _____ Phone: _____
Dentista familiar: _____ Phone _____
La compañía de su seguro médico: _____
Número de su Póliza: _____

También estoy de acuerdo en designar a una parroquia/escuela/representantes diocesanos números telefónicos actuales en la que se pueden comunicar con migo, como los nombres y números telefónicos de las personas que puedan saber donde estoy en caso de una emergencia.

Si no me pueden localizar utilizando los numeros de telefono escritos anterior mente pueden contactar a:

Nombre: _____
Relación: _____
Teléfono: _____ Número de contacto alternativo: _____

Firma del Padre / Guardián

Fecha

MEDICAMENTOS Y TRATAMIENTOS DE SALUD DE NO EMERGENCIA

[Por favor, firme/autorice todas las siguientes indicaciones que sean aplicables]

1. Si mi hijo se enferma con síntomas que no indican el tratamiento médico de emergencia (por ejemplo, dolor de cabeza, vómitos, dolor de garganta, fiebre, diarrea), deseo que se denominará (recoger / invertido gastos de teléfono si es necesario) a ser informado de la condición de mi hijo .

Firma del Padre / Guardián Fecha

2. Mi hijo está tomando los siguientes medicamentos (s), que traerá en esta actividad, la etiqueta, incluye instrucciones claras para la dosificación y frecuencia de uso. Doy permiso para que un adulto administre los siguientes medicamentos (s):

Firma del Padre / Guardián Fecha

3. No cualquier tipo de medicación (con receta o de venta libre) puede ser administrado a mi niño a menos que su condición esté en peligro de muerte y se requiera un tratamiento de emergencia, según se considere necesario por el médico tratante.

Firma del Padre / Guardián Fecha

4. Por la presente autorización para que los medicamentos de venta libre (por ejemplo, la aspirina, pastillas para la garganta, jarabe para la tos) que ha de darse a mi hijo, si lo considera conveniente por el supervisor de la actividad, con las siguientes excepciones (escriba "ninguno" si no hay excepciones específicas):

Firma del Padre / Guardián Fecha

INFORMACIÓN MÉDICA ESPECÍFICA / CONDICIONES

Reacciones alérgicas (a medicamentos, alimentos, plantas, insectos, etc)?

Inmunizaciones (fecha de la última tétanos / difteria vacunación):

Medicamentos actuales que se están adoptando por los niños:

Prescritos médicamente restricciones dietéticas?

Limitaciones físicas?

Inclinada discapacidad o condiciones relacionadas (ADD, ADHD, dificultades de lectura o escritura, etc)?

Tiene historia de nostalgia grave, malas reacciones emocionales nuevas situaciones, sonámbulo, moja la cama, desmayos?

Ha tenido una exposición reciente (en las últimas dos semanas) a una enfermedad contagiosa o condición, como las paperas, el sarampión, la varicela? En caso afirmativo, especificar la fecha y la condición expuesta a:

Tiene una dieta (que no sean identificados por encima de las alergias)?

Tiene cualquier tipo de condiciones medicas u otras condiciones que debemos conocer?

ACUERDO DE LOS PADRES / CONSENTIMIENTO

Yo / nosotros, padre o tutor del niño nombrado en este formulario doy permiso para que mi / nuestro hijo / a participe en la actividad a que se refiere en esta forma, y como complemento de la Salud / Información Médica consentimiento disposiciones que hemos acordado anteriormente:

- Dirigir a cooperar: Yo / nosotros estamos de acuerdo a dirigir a mi/nuestro hijo/a a cooperar y cumplir con todas las directivas e instrucciones de la parroquia / escuela / o personal diocesano líderes adultos voluntarios.
- Consentimiento para el transporte (si procede): Yo / nosotros doy permiso para que mi / nuestro hijo/a a ser transportados a los programas especificados, eventos y actividades en los vehículos conducidos por líderes adultos seleccionados por la parroquia / escuela / coordinador diocesano , de conformidad con las directrices diocesanas.

- La responsabilidad de Gastos Médicos: Yo/estoy/estamos de acuerdo en que seré responsable de todos los gastos médicos relacionados con las lesiones de mi / nuestro hijo como consecuencia de su participación en esta actividad, sean o no causados por la negligencia de la parroquia, la escuela, empleados diocesanos o agentes, voluntarios u otros participantes.
- Reconocimiento de Riesgos: Yo / nosotros entendemos que en el curso de la participación en esta actividad, mi / nuestro hijo puede participar en actividades que conlleven un riesgo de perjuicio para el cuerpo, psique, o la propiedad de ellos mismos y otros. Esas lesiones pueden ser causadas por otras personas, puede ser accidental o auto-infligida, o puede surgir a partir de material defectuoso o instalaciones, las condiciones existentes de instalaciones de esparcimiento, mientras que en los accidentes de vehículos de transporte durante una actividad, o a través de la propia actividad.
- En consecuencia, en consideración de ser permitidos a participar en las actividades especificadas, para utilizar el equipo proporcionado, y para entrar en los locales e instalaciones de la Diócesis de Sacramento, para cualquier fin, incluida la observación y participación en actividades, el padre o tutor, él o ella y cualquier sucesores en interés, y en nombre del hijo menor de edad, de acuerdo a como siga:

1. Para soltar, renunciar, la aprobación de la gestión, y la promesa de no demandar al obispo católico de Sacramento, una sociedad única, y sus entidades afiliadas, empleados, agentes y voluntarios (la "Diócesis") de toda responsabilidad por cualquier pérdida o daño, y cualquier reclamación o demanda, por lo tanto, en razón de las lesiones al cuerpo, daño a la psique, o daños a la propiedad de la menor, o al padre o tutor, ya sea causado por negligencia u otra conducta de la Diócesis, mientras que el hijo menor de edad, padre, o tutor está participando en las actividades especificadas en o, a, o alrededor de los locales de la diócesis o de cualquiera de sus instalaciones o equipos. \

2. Indemnizar y eximir a la Diócesis de cualquier pérdida, responsabilidad, o daño a los costos que puedan incurrir debido a los actos del hijo menor de edad, padre o tutor, a, o sobre las instalaciones de la Diócesis, sus instalaciones o equipos, o durante su participación en cualquier parroquia, escuela o actividades diocesanas ya sean causadas por negligencia o de otro tipo.

3. Que él o ella ha leído este formulario de consentimiento y el acuerdo y que voluntariamente lo firma, y que no hemos dado, declaraciones, o incentivos, aparte de los contenidos de esta forma.

yo / hemos leído este acuerdo y entiendo/entendemos y estamos de acuerdo con todo lo anunciado anteriormente.

Firma del Padre o Tutor Fecha

Firma del Padre o Tutor Fecha