



Mary Star of the Sea Confirmation Registration

Registration Fee is \$250 per year

(Covers program administration and gown rental)

Due by September 8, 2017 (\$20 late fee added after Sept. 8, 2017)

Please PRINT: Teen's Name: _____

Address: _____

City: _____ Zip Code: _____

Parent Cell Phone: _____ Teen Cell Phone: _____

Family Email: _____ Home Phone: _____

Teen's Email: _____ T-Shirt Size: _____

Date of Birth: _____ Height: _____

Gender (please circle): Male or Female

PLEASE ATTACH **COPY OF BAPTISMAL CERTIFICATE** TO THIS
REGISTRATION OR APPLICATION CAN NOT BE ACCEPTED.

High School Attending Fall 2017: _____ Grade Level Fall 2017: _____

Father's Name: _____

Mother's Name: _____

First Name and Last Name

Sponsor's Information Sheet: [Yes] or [No]
If no, turn in the Sponsor Information Sheet attached

Sponsor's Name (if known): _____

Office Use Only:

Amt Paid \$	Date:	Cash/Check #	Bal Due:
Amt Paid \$	Date:	Cash/Check #	Bal Due:
Amt Paid \$	Date:	Cash/Check #	Bal Due:
Amt Paid \$	Date:	Cash/Check #	Bal Due:



Mary Star of the Sea Confirmation Emergency Medical Form

Emergency Treatment/Release Statement: In the event of an emergency, and I cannot be reached, I hereby authorize Mary Star's Confirmation Program/Church and/or any licensed physician, EMT or other qualified hospital personnel to render medical treatment to my daughter/son _____ which, in their judgment, is necessary in the event of illness or injury. I understand that, in all cases, I will be notified as quickly as possible.

Signature of Parent/Guardian

Date

Student Full Name: _____

Date of Birth: _____

Full Address: _____

Father's/Guardian Cell Phone Number: _____

Mother's/Guardian Cell Phone Number: _____

Additional Permanent Emergency Telephone Number: _____

Relation to Youth: _____

******Please list any and all allergies, special medical conditions, special medications, or health problems with which Mary Star should be aware of: _____**

Blood Type (if known): _____

Name of Family Doctor: _____

Emergency Phone Number: _____

Medical Insurance Policy Name and Number: _____

Emergency (or Prior Approvals) Phone Number: _____

Name of Family Dentist: _____

Emergency Phone Number: _____

Emergency (or Prior Approvals) Phone Number: _____