

Confirmation with Bishop Bill Wack  
Saturday February 2nd at the 5:30 pm Mass

**STUDENT'S INFORMATION**

Student's Name (Legal Name) \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Nickname \_\_\_\_\_

Birth date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Place of Birth \_\_\_\_\_ Age \_\_\_\_\_  
Month Date Year

Address \_\_\_\_\_ Gender M or F  
Address, City, State, Zip

School \_\_\_\_\_ Grade in Fall 2018 \_\_\_\_\_

Does your child have any food allergies, medical condition, and or learning difficulties we should be aware of?  
\_\_\_\_\_

Are you registered at Holy Spirit Parish? Yes / No (registration is available online at www.holyspiritperdido.com)

Check where your child receives religious formation:  
Holy Spirit Religious Education Program \_\_\_\_\_ Catholic School \_\_\_\_\_ Other \_\_\_\_\_

Did your child receive religious education last year at a Catholic school, or in religious education classes at a Catholic Church? Yes / No

**SACRAMENTAL INFORMATION**

If your child was not Baptized at Holy Spirit, please have the Parish of your child's Baptism send a copy of a current Baptismal Certificate with Notations to you and bring it to Confirmation class by December 16th.

Is your child Baptized? (Circle One) Yes / No Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Church \_\_\_\_\_

Has your child received First Reconciliation? Yes / No Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Church \_\_\_\_\_

Has your child received First Communion? Yes / No Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Church \_\_\_\_\_

**PARENT INFORMATION**

Father:  
First Name \_\_\_\_\_  
Last Name \_\_\_\_\_

Mother:  
First Name \_\_\_\_\_  
Last Name \_\_\_\_\_

Maiden Name \_\_\_\_\_

Religion \_\_\_\_\_

Religion \_\_\_\_\_

Cell Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Email Address \_\_\_\_\_

Home address if different from Child's \_\_\_\_\_

Home address if different from Child's \_\_\_\_\_

Home Address \_\_\_\_\_

Home Address \_\_\_\_\_

City/Zip \_\_\_\_\_

City/Zip \_\_\_\_\_

Child lives with: (circle one) Mother & Father      Mother      Father      Other: \_\_\_\_\_

**REGISTRATION FEE: \$130.00 (includes retreat)**

Scholarships are available, see attached paperwork and instructions.

Make checks payable to: **Catholic Church of the Holy Spirit Confirmation**,  
(note *Confirmation* on check).

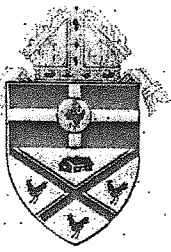
Registration forms are due by November 28th, 2018 with \$50.00 deposit

Scholarship forms due by November 28th, 2018

Payment due by January 16th 2019

Please turn paperwork in to Deacon Bob at class or the parish office.

**OFFICE USE ONLY**  
Payment \_\_\_\_\_  
Check#/Cash \_\_\_\_\_  
Date \_\_\_\_\_  
Sponsor \_\_\_\_\_  
Conf. Name \_\_\_\_\_



# Diocese of Pensacola-Tallahassee

## Parent or Guardian Permission for Direct Contact with Minors

This form allows you to identify who may communicate with your minor children and by what means. Parents and guardians may choose to be included in all written or text-based communications except those that occur on an official social networking site or online community administered and maintained by the ministry, parish, or school pursuant to the terms of diocesan policy and approved by parents or guardians on this form.

### Diocesan Ministry, Organization, Parish or School

(This section must be completed by diocesan ministry, organization, parish or school.)

**Holy Spirit Life Teen Ministry communicates via: Remind, Facebook and SMS/Text Message**

Cellular number: 850-530-0141

E-mail address: gregersonr@clergy.ptdiocese.org

Social networking sites: Facebook: Perdido Prep (closed group), Holy Spirit Life Teen and Edge,  
The Catholic Church of the Holy Spirit.

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### Parent or Guardian Complete this section:

Name (parent/guardian) \_\_\_\_\_

Of minor Child \_\_\_\_\_

- You MAY NOT contact my child directly. (Sign and return).
- You MAY contact my child directly. (Sign, complete all sections and return).

### Contact with my child is permissible via the following methods:

Phone call / voice message to this telephone number \_\_\_\_\_

SMS / text message to this telephone number \_\_\_\_\_

Social networking site sponsored by group named \_\_\_\_\_

E-mail at this address \_\_\_\_\_

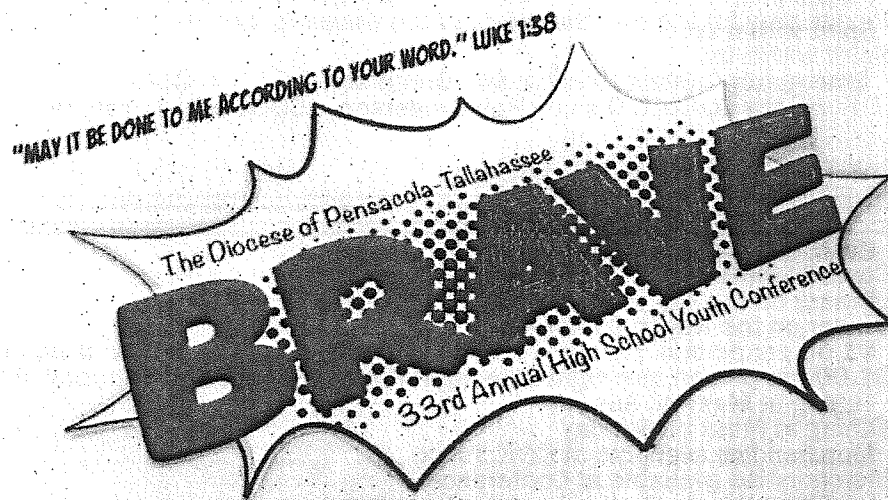
Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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Conference paperwork due December 2<sup>nd</sup> 2018  
Scholarship applications due November 28<sup>th</sup>, 2018

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PAPERWORK TO TURN IN:

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**YOUTH REGISTRATION FORM**

**PARENT / GUARDIAN CONSENT FORM**

**Cost: \$130.00**

**Deposit: \$50.00**

Deposit due with paperwork, balance due by January 16<sup>th</sup> 2019

Price includes: Conference, Conference T-Shirt, lodging, meals at Conference and transportation.

Diocesan and Parish Scholarships are available. See attached Scholarship application

**MAKE CHECKS PAYABLE TO HOLY SPIRIT CHURCH LIFE TEEN**

**Memo: Youth Conference retreat**

**DEPARTURE:**

Friday, January 18<sup>th</sup> at 3:00 PM from Holy Spirit Church parking lot.

Transportation: To be Determined: (rental van, carpool or diocesan bus.)

**Return:**

**Sunday, January 20th at approximately 3:30 PM.**

**We will text when we cross Palafox**

**Parents you can track our activities and receive updates on our Facebook page:  
PerdidoPrep.**

**I will post on Sunday the pickup time on Facebook PerdidoPrep**

**Please pray for the trip, the safety of the travelers, and the movement of the Holy Spirit within us.**

**Emergency Contact: Deacon Bob Gregerson 850-530-0141 cell/text**

### **WHAT TO BRING**

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**Cash: \$30.00 +**

**Dinner on the way to Conference**

**\$1.00 per person, per night Late night Pizza on Friday and Saturday nights**

**Tithing at Mass on Sunday**

**Merchandise available at Conference**

**Lunch on the way home from Conference**

**Snacks to share:** for the middle of the night cravings.

**Clothes:** See the dress code on the code of behavior.

**Dress is casual and comfortable but appropriate.**

**Nice Clothes:** Saturday dinner and Sunday Mass.

**Toiletries:** Deodorant, Toothbrush, Toothpaste etc., **Did I mention Deodorant?**

**Spiritual Items:** rosary might be helpful during Adoration or while waiting for Confession.

**Games:** card games like UNO or board games.

**Openness to the Holy Spirit transforming your faith**

**This will be a fun and faith filled weekend.**

**Enjoy your weekend!**

**God Bless Deacon Bob**

**SCHOLARSHIP APPLICATION  
DIOCESAN YOUTH CONFERENCE**

**Due in Diocesan Department of Youth Ministry BY December 1**

Youth attending the conference for the full weekend are eligible to apply for a scholarship.

(Please type or print clearly.)

NAME \_\_\_\_\_ Grade \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

PARISH: Holy Spirit, Pensacola

Other assistance that applicant is receiving for the conference:

\_\_\_\_\_ Sponsors

\_\_\_\_\_ Youth group fundraisers

\_\_\_\_\_ Parish assistance - if so, how much: \_\_\_\_\_

\_\_\_\_\_ Paying for it yourself.

\_\_\_\_\_ Other: \_\_\_\_\_

Please tell us why you need financial assistance to attend Youth Conference. This information will be kept confidential.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Pastor's signature: \_\_\_\_\_

**Parish Youth Minister must write a letter for each scholarship application.**

**Please mail letter with completed application to:**

Diocese of Pensacola-Tallahassee  
Department of Youth  
P.O. Drawer 13284  
Pensacola, FL 32591-3284  
**Deadline December 1**

**Diocese of Pensacola-Tallahassee  
2019 Youth Conference Registration Form - Youth**

Name of Parish Holy Spirit City Pensacola

Name \_\_\_\_\_

Gender (please check)  Male  Female Age \_\_\_\_\_ Grade \_\_\_\_\_

Home Address \_\_\_\_\_ Parent's Phone \_\_\_\_\_

In Case of Emergency Contact: \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Numbers \_\_\_\_\_

Do you have any special dietary requirements? (Please Check)  Vegetarian  Food Allergies  Other \_\_\_\_\_

Do you have any special requirements? (Please Check)  Visual  Mobility  Hearing \_\_\_\_\_

Describe your requirements: \_\_\_\_\_

<b>Early Registration Fee – Conference/Meals only (if paid by Dec. 10)</b>		
Full Weekend	\$150	\$150.00
Saturday Only	\$120	\$ _____
<b>Regular Registration Fee – Conference/Meals only (Dec 11 – Jan 4)</b>		
Full Weekend	\$170	\$ _____
Saturday Only	\$135	\$ _____

<b>Cancellation and Refund Policy</b>
<b>By Dec. 10</b> - Full refund will be issued.
<b>By Dec. 21</b> - Half of registration fee will be refunded
<b>After Dec. 21</b> - No refund. Substitutions are allowed

Additional Fee for Housing \_\_\_\_\_

*Pre-order the Conference T-shirt. Adult Sizes: Small, Medium, Large, XL, XXL, XXXL. Please indicate size in space below.*

T-shirt Size \_\_\_\_\_ (ADD \$15.00 per shirt) + \$ 15.00

Diocesan Scholarship Credit (subtract \$50 from total due) \$50 -- \$ \_\_\_\_\_

**Total Amount Due** \$ \_\_\_\_\_

**YOUTH CODE OF BEHAVIOR FOR DIOCESAN YOUTH CONFERENCE**

- You represent the Catholic Church. You are expected to project an image of Christian consideration, sensitivity and respect for all people and property.
- There are other guests staying at the hotel not connected with the Youth Conference. You are asked to respect their right to privacy, peace and quiet, especially in the evening. Shouting, loud talking or loud music will not be permitted inside or outside the hotel or in the stairwells.
- YOUTH PARTICIPANTS** are expected to remain on hotel grounds for the duration of the conference. In the unlikely event that the need arises to leave the conference, consent of your parish youth minister and the director for the Office of Youth Ministry is necessary.
- All hotel and conference center property must be respected. Youth participants and adult chaperones will be financially responsible for any damages. Do not stand on chairs or tables. Do not throw any objects from the balconies.
- All participants are required to attend and participate in all scheduled activities, general sessions, and workshops. **Name tags must be worn around the neck at all times and visible for all to see.**
- No unregistered youth are permitted to attend any part of the Conference without the prior approval of the director for the Office of Youth Ministry.
- Any participant at the conference caught in possession of alcoholic beverages, drinking alcoholic beverages, or in the possession of any illegal substances, including tobacco products, will be brought to the director of the Office of Youth Ministry and will be dismissed from the Conference and sent home. His/her parish youth group may also be sent home.
- Youth are not permitted to possess or use cigarettes, cigars, chewing tobacco or other tobacco products.
- Air horns, firearms, weapons or fire works of any kind are not permitted.
- Socializing is limited to the lobby and other designated conference areas during the day and prior to curfew. No visiting or socializing is allowed in rooms by members of the opposite sex at any time.
- All participants are expected to dress appropriately for all events of the Conference. Appropriate dress includes the following: shirts for both guys and girls should have sleeves and be long enough to be tucked into one's pants; no t-shirts with inappropriate slogans/advertisements; no short shorts; pants and shorts will be worn pulled up at the waist with no undergarments visible; no sleeveless or backless dresses; bathing suits will only be allowed at designated swimming times. No two piece bathing suits are permitted. All bathing suits should be covered by a dark t-shirt. The dress code applies to all Conference activities.
- The beach and balconies are off limits from sunset to sunrise for everyone.**
- All participants must be in their own rooms by curfew (11:00 p.m.) each night. If necessary, parish youth ministers may check their youth participants' rooms by first knocking, then entering.
- All youth participants are expected to obey all youth ministers, chaperones and volunteers for the duration of the Conference.
- No cell phone use during conference activities with the exception of picture taking.
- If a participant is dismissed from Conference, the money paid for the event is forfeited.

*I have read and understand the above rules and I agree to abide by them during the Conference. I am aware that if I fail to do so, I can be dismissed from the Conference at my expense.*

Youth Participant's Name (Please Print): _____	Youth Participant's Signature: _____
Parent's Signature: _____	Parish Youth Minister's Signature: _____

A signed copy of the Parent/Guardian Consent and Emergency Medical Release Form must be attached to the registration form.

**PARENT / GUARDIAN CONSENT AND EMERGENCY MEDICAL RELEASE EVENT FORM**

Name of the Event: 2019 Diocesan Youth Conference

Destination: Linkside Conference Center, Sandestin

Parish Name Holy Spirit, Pensacola

Group Leader Name Deacon Bob Gregerson

Date and Anticipated Time of Departure: January 18th 3:00 pm

Return: January 20th around 3:30 pm

Cost to Youth: \$130.00

Method of Transportation: TBD, (Carpool, Van or Diocesan Bus)

Name of Youth: \_\_\_\_\_ T-shirt size \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Gender: Male  Female  (check one)

Home Address: \_\_\_\_\_

Parent / Guardian's Name: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

**MEDICAL INFORMATION**

Please list all information pertaining to allergies, diet, special medications, health conditions or any other information necessary in an emergency situation.

Explain fully: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medications:** My child is taking the following medication(s):

Description \_\_\_\_\_ Dosage \_\_\_\_\_

Description \_\_\_\_\_ Dosage \_\_\_\_\_

Medical / Hospital Insurance

Carrier: \_\_\_\_\_

Name of Policy Holder \_\_\_\_\_ Relation to participant \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

If you would like your youth to participate in this event, please sign and return the following statement of consent and release of liability. As parent or legal guardian, you remain fully responsible for any legal responsibility which may result from any personal actions taken by your youth.

I hereby consent to participation by my youth \_\_\_\_\_ in the event described above. I understand that this event will take place away from the parish grounds and that my youth will be under the supervision of the designated supervisor on the stated dates. I further consent to the conditions stated above on participation in this event, including the method of transportation.

In consideration for the opportunity for my child to participate, and fully recognizing that such an undertaking involves an element of risk, we assume all risks and hazards incidental to such participation and do hereby release, absolve, indemnify and agree to hold harmless the Diocese of Pensacola-Tallahassee and Holy Spirit, Pensacola Parish, and their employees, agents, volunteers, and other persons acting on their behalf. Neither the Diocese of Pensacola-Tallahassee, Holy Spirit, Pensacola Parish, nor said agents, employees, or volunteers, shall be held financially responsible for any injury, illness or death incurred as a direct or indirect result of this activity. We the undersigned have read this release and understand all its terms and execute it voluntarily and with full knowledge of its significance.

**EMERGENCY MEDICAL TREATMENT:** In the event of an emergency, I/we hereby authorize the Diocese of Pensacola-Tallahassee, and Holy Spirit, Pensacola Parish, through its authorized representatives, to transport my child to a hospital or other doctor's office or medical facility for emergency medical attention. I/We additionally authorize such representatives of the Diocese and/or School to obtain and give consent to whatever medical treatment the representative deems necessary, including the administering of anesthetic and surgery, and do hereby release the Diocese and Holy Spirit, Pensacola Parish, and their authorized representatives from any and all claims which may arise from the above-referenced obtaining and consenting to medical treatment. I/We wish to be advised, if possible, prior to the providing of any non-emergency medical treatment by any physician or hospital. If I/we are unable to be reached, please contact the following:

**Emergency contact and relation to participant** \_\_\_\_\_

**Address and Phone Number** \_\_\_\_\_

**Media Release**

I/we hereby give permission for the Diocese of Pensacola-Tallahassee and any of its affiliated organizations, including, but not limited to The Catholic Compass, to use the name of my child and/or his/her photograph for promotional, news, or public relations purposes in print and/or electronic media.

I/we do not give permission for the Diocese of Pensacola-Tallahassee and any of its affiliated organizations, including, but not limited to The Catholic Compass, to use the name of my child and/or his/her photograph for promotional, news, or public relations purposes in print and/or electronic media.

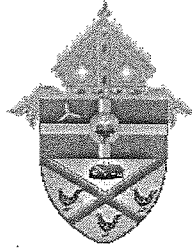
\_\_\_\_\_  
**Print Parent/Guardian Name**

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

**This form must be with the head chaperone at all diocesan and parish events**





DIOCESE OF PENSACOLA-TALLAHASSEE

PERMISSION FOR USE OF INFORMATION OR GRAPHIC IMAGE IN MEDIA  
(FOR MINORS)

I, \_\_\_\_\_, the parent/legal guardian of the minor  
(print name)

child(ren) \_\_\_\_\_  
(print name(s))

\_\_\_\_\_

hereby give permission for the Diocese of Pensacola-Tallahassee and any of its affiliated organizations, including but not limited to the Catholic Compass, to use my child's/ (children's) name(s) and/or photograph(s) for promotional, news or public relations purposes in print and/or electronic media.

Date \_\_\_\_\_  
(Month/Day/Year)

Signed \_\_\_\_\_  
(Signature)

*All photo usage is subject to the policies of the Diocese of Pensacola-Tallahassee as published at [www.ptdiocese.org](http://www.ptdiocese.org). The photos of minors are not published along with their names in any electronic media.*



## Parent Volunteer Information.

Please Circle how you can help.

**Yes!** I am willing to assist with food and drinks at events or meetings.

**Yes!** I am willing to assist as needed at events or meetings.

**Yes!** I am willing to assist with transportation to events.

**Yes!** I am willing to assist with games at events or meetings.

**Yes!** I am willing to assist in the kitchen at **Breakfast with Santa**.

**Yes!** I am willing to assist with food and drinks for the **Food for Homeless Service Project**.

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Signed (parent/guardian):

\_\_\_\_\_ Date: \_\_\_\_\_