

**Confirmation Rally Registration**  
**Diocese of Kamloops**  
**Saturday, March 2, 2019**  
**9am – 3pm**  
**St. John Vianney**  
**Kamloops, B.C.**

**PARISH:** \_\_\_\_\_

**EVERY CARE AND ATTENTION WILL BE GIVEN TO THE HEALTH AND COMFORT OF THE PARTICIPANTS.**

I hereby authorize the coordinator of the event to secure such medical advice and services as may be deemed necessary for the health and safety of myself, or my son/daughter (or ward). I agree to accept financial responsibility in excess of the benefits provided by Provincial Health. I give full permission for my son/daughter to attend this event in the location of St. John Vianney in KAMLOOPS occurring on the Saturday March 2, 2019

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

**Participants Name** \_\_\_\_\_

\_\_\_\_\_ Surname \_\_\_\_\_ Given Name \_\_\_\_\_  
Birth date: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

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

\_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

**Parent or Guardian** (or spouse if applicable)

\_\_\_\_\_ Phone # Home \_\_\_\_\_  
Surname \_\_\_\_\_ Given Name \_\_\_\_\_ Business \_\_\_\_\_  
Cell \_\_\_\_\_

**Address:** (if different from above)

\_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

**If the above are unavailable in an emergency please notify.**

\_\_\_\_\_  
Surname Given Name Phone # Home Business/Cell \_\_\_\_\_

\_\_\_\_\_  
Address

Provincial Health Insurance Number(s) \_\_\_\_\_

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

Other Hospital Insurance Number (s) \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

In order that the staff provide the best care for your child, the following information would be useful:

Do you have any special instructions for staff regarding the applicant's care and/or diet? \_\_\_\_\_

Medications: \_\_\_\_\_

Does the applicant have allergic reactions to such things as drugs, food, insect stings, etc? If so, please list, giving type of reaction, treatment given, etc:

I consent to having photographs/video of my child(ren) used by DIOCESE OF KAMLOOPS in the Diocesan newspaper, the FAITH IN ACTION DVD and other promotional material.

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

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

**Registration Fee is \$ 20.00**

**Please make payment prior to the retreat, there will be NO registration on that day.**

**Payment with completed registration form(s) must be received at the Chancery no later than Friday February 22, 2019.**

**Please Note: Make cheques payable to your parish or school**

**\*\*Parish Coordinators please submit one cheque to the Chancery for payment of your students. \*\***