

**A copy of the Baptism Certificate is required at the time of registration.**

**CORRECT SPELLING OF ALL NAMES IS VERY IMPORTANT. PLEASE PRINT CLEARLY.**

**Name of Candidate:** \_\_\_\_\_  M  F  
Last Name Given Name(s)

**Birth:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_ **Age at Confirmation:** \_\_\_\_\_  
Date (dd-mmm-yy) City/Town Province

**Baptism:** \_\_\_\_\_  
Date (dd-mmm-yy) Name of Church Mailing Address of Church

\_\_\_\_\_  
City/Town Province/County Postal Code/Zip Code

**School Attending:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Copy of Baptismal Cert.:**

**Father:** \_\_\_\_\_  
Last Name Given Name(s) Religion

**Mother:** \_\_\_\_\_  
Maiden Name Given Name(s) Religion

**Home Address:** \_\_\_\_\_  
Street Address City/Town Province Postal Code

**Email(s):** **Mother** \_\_\_\_\_ **Father** \_\_\_\_\_

**Phone:** Cell: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Home: \_\_\_\_\_ Home: \_\_\_\_\_

**Was the person baptized in an Eastern Catholic Church?** Yes  No   
 If yes, Confirmation was conferred at the time of Baptism, **the Sacrament of Confirmation is not repeated.**

**Was the person Baptized in the Orthodox Church?** Yes  No   
 If yes, the person making a Profession of Faith is acribed to the corresponding Eastern Church *sui iuris* within the Catholic Church and Confirmation was conferred at the time of Baptism, **the Sacrament of Confirmation is not repeated.**

**Was the person baptized in another Christian ecclesial community?** Yes  No   
 (A copy of certificate is required)

**If Yes** \_\_\_\_\_  
Denomination Name of Church City/Town Province

When making a Profession of Faith the child is received into the Roman Catholic Church.

**Has the person received First Reconciliation?** Yes  No

**Has the person received First Holy Eucharist?** Yes  No



*The Catholic*  
**Archdiocese**  
 of **Edmonton**

For Parish Office Use Only

**Proposed Date of Confirmation :** \_\_\_\_\_  
(dd-mmm-yyyy)

**Proposed Place of Confirmation:** \_\_\_\_\_

**To be conferred by:** \_\_\_\_\_

Permission to confer the Sacrament of Confirmation granted on: \_\_\_\_\_ to:  
(dd-mmm-yyyy)

\_\_\_\_\_ by \_\_\_\_\_  
Name of Priest Archbishop / Delegate Received by: Initials



*The Catholic*  
**Archdiocese**  
*of* **Edmonton**

## PIPA Registration and Participation Form – Appendix 907B

As a provincially incorporated body, The Catholic Archdiocese of Edmonton is required to act in accordance with the *Personal Information and Protection of Privacy Act (PIPA)* which establishes the standards as to the collection, use and disclosure of personal information including but not limited to photographs, digital images, videos or audio recordings.

Parishes in the Archdiocese take pride in celebrating and displaying the work and the gifts of their members. Activities in which personal information may be collected, used and disclosed include but are not limited to sacramental celebrations, social events, catechism classes and rallies or other gatherings.

A child's personal information may be collected at such an activity or event. When a child is not specifically interviewed or identified by name, the personal information may be used and disclosed on but not limited to a website, a church-related publication or church premises.

In the event that a child is specifically interviewed or identified by name, consent provided by the **Participant Consent Form and Release** is also required in order to collect, use and disclose personal information on, but not limited to, a website, church premises, radio, television, or in another publication.

Your consent is required in order to use, collect and disclose your child's personal information. This consent is valid as long as your child remains in the program in question; e.g. year after year in the case of catechism classes, a shorter time for First Communion preparation and celebration.

Written notification to the parish or Archdiocese is required should you wish to revoke, modify, or change your consent. In the event that you do not provide consent, it is your duty to keep your child away from any activity where personal information may be collected, used and disclosed.

I, \_\_\_\_\_ (parent/guardian), hereby consent to the collection, use and disclosure of the personal information \_\_\_\_\_ (child's name).

Specifically, I understand that our local Catholic school may request sacramental information regarding my child's celebrations of First Eucharist and Confirmation, in order to accompany my child on the faith journey.

- I consent to the parish disclosing sacramental information about my child to the Catholic school my child attends, upon the school's request.
- I **do not** consent to the parish disclosing sacramental information about my child to the Catholic school my child attends.

Specifically, I understand that the parish may appoint an official photographer for celebrations of First Eucharist and Confirmation, in order to reduce distractions from the reverence of the celebration.

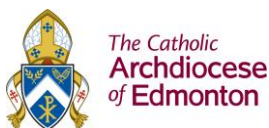
- I consent to the sharing of these digital photos, which may include my child, with other parents.
- I **do not** consent to the sharing of any digital photos of my child with other parents.

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

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

### Privacy Officer

The officially designated Privacy Officer for The Catholic Archdiocese of Edmonton, its parishes and institutions is the Chief Communications Officer, who may be contacted at 780-469-1010 if you have further questions.



# Freedom of Information and Protection of Privacy (FOIP)

Hello Parents of Confirmation Candidates,

In order to involve our whole church community in the Confirmation of our candidates, we would like to prepare a display to be posted in the church. In this way, the preparation towards this monumental event can then be celebrated by and involve our whole community.

A picture of each candidate will be placed in the display so that the church members can offer up prayers for your child. We also make up prayer cards with the children's first name on them for parishioners to pick up so they can pray for the candidates during the duration of the program. For the Confirmation celebration, the parish will appoint an official photographer in order to reduce distractions and maintain the reverence of the celebration. These photos will be accessed by parents only through a link.

In order to include your child in any of these projects, we must have your permission.

Please return the completed form with your registration.

Thank you,

Jeri Wilson

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**YES**, a picture may be taken of my child and posted in the church in a display with his/her name.

**NO**, I do not want my child's picture taken and posted in the church in a display with his/her name.

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**YES**, a prayer card with my child's first name may be distributed to parishioners.

**NO**, a prayer card with my child's first name may not be distributed to parishioners.

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**YES**, I consent to the sharing of these digital photos , which may include my child, with other parents.

**NO**, I do not consent to the sharing of any digital photos of my child with other parents.

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\_\_\_\_\_  
Printed Name of Candidate

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Printed Name of Parent

# Participant Agreement and Release of Liability Form - Appendix 363A

I request that my child/youth

\_\_\_\_\_  
Name of child/youth

Be permitted to participate in the  
Catholic Archdiocese of Edmonton

Holy Trinity Parish

\_\_\_\_\_  
Name of Office/Parish/Camp/Organization

Activity/event/excursion

Confirmation Preparation

\_\_\_\_\_  
Name of activity/event/excursion

On

January - May 2025

\_\_\_\_\_  
Date(s) of activity/event/excursion

I understand that the event will include the following (list of activities.)

- Classes
- Mass
- Adoration
- Stations of the Cross

If a medical emergency involving my child/youth should arise during the activity/event/excursion, I understand that I will be contacted as soon as reasonably possible, and I authorize the archdiocesan office, parish, camp or organization and its staff and volunteers to obtain medical treatment for my child/youth, and to consent to medical treatment on behalf of my child/youth.

I understand that if my child/youth requires medication, the prescription medication will be in original containers and securely stored with the approved group leader. The medication will be self-administered by my child/youth, or by me – staff and volunteers will not apply or dispense medication.

In consideration of my child/youth being permitted to attend at the activity/event/excursion, I, on behalf of myself, my child/youth, and our respective heirs, executors, administrators, and assigns, do hereby release the archdiocesan office, parish, camp, organization and its staff and volunteers participating at the activity/event/excursion (collectively, the “Releasees”), from any claims, demands, or actions arising out of any loss, injury or damage to my child’s/youth’s person or property at the activity/event/excursion, notwithstanding that any such loss, injury or damage may have arisen by reason of the negligence of the Releasees.

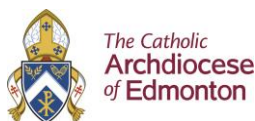
I understand that the archdiocesan office, parish, camp or organization may take photographs, video recordings, and audio recordings of the participants at the activity/event/excursion, including my child/youth, and I authorize the archdiocesan office, parish, camp, organization to do so. I further authorize the archdiocesan office/parish/camp/organization to use or publish any such images or recordings in its sole discretion.

I understand that my child/youth shall be required to abide by all of the rules of the activity/event/excursion, which will be provided to him/her, and that my child’s/youth’s failure to follow these rules may result in my child’s/youth’s immediate dismissal from the activity/event/excursion at my expense.

\_\_\_\_\_  
Print Name of Parent / Guardian

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

\_\_\_\_\_  
Date (day/month/year)



# Confirmation Retreat Registration Form

## Release of Liability and Waiver Form

Holy Trinity Parish's Confirmation Retreats are geared toward children in grade 6 and up who are preparing for the sacrament of Confirmation. Children will be participating in games and activities as well as large group discussions.

If you have any questions please contact Jeri Wilson at 780-960-0135 ext. 112 or e-mail [htpsacraments@gmail.com](mailto:htpsacraments@gmail.com). This form must be completed in order for your child to participate in the retreats.

Participants Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Gender: M F  
Address: \_\_\_\_\_ City: \_\_\_\_\_ PC: \_\_\_\_\_

*I request that my son/daughter, \_\_\_\_\_, be permitted to participate in the Holy Trinity Parish Confirmation Retreat on **May 24, 2025**. I understand that this program includes activities, physical games, and youth led discussions.*

*If a medical emergency involving my child/youth should arise during the event, I understand that I will be contacted as soon as reasonably possible, and I authorize the parish, and its staff and volunteers to obtain medical treatment for my child/youth.*

*I understand that if my child/youth requires medication, the prescription medication will be in original containers and securely stored with the approved group leader. The medication will be self-administered by my child/youth or by me – staff and volunteers will not apply or dispense medication.*

*In consideration of my child/youth being permitted to attend the event, I, on behalf of myself, my child/youth, and our respective heirs, executors, administrators, and assigns, do hereby release Holy Trinity Catholic Church, and its staff and volunteers participating at the event (collectively, the "Releasees"), from any claims, demands, or actions arising out of any loss, injury, or damage to my child's/youth's person or property at the event, notwithstanding that any such loss, injury, or damage may have arisen by reason of the negligence of the Releasees.*

*I understand that Holy Trinity Catholic Church may take photographs, video recordings, and audio recordings of the participants at the event, including my child/youth, and I authorize the parish to do so. I further authorize the parish to use or publish any such images or recordings in its sole discretion.*

*I understand that my child/youth shall be required to abide by all the rules of the event, which will be provided to him/her, and that my child's/youth's failure to follow these rules may result in my child's/youth's immediate dismissal from the event at my expense.*

Parent/guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Contact 1: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact 2: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Does your child have any physical, emotional, mental, behavioural concerns or limitations that our staff should be aware of? Yes \_\_\_ No \_\_\_

If yes, please explain \_\_\_\_\_

Treatment for condition \_\_\_\_\_

Does your child have any allergies? Yes \_\_\_ No \_\_\_

If yes, please list them \_\_\_\_\_

Treatment for allergies \_\_\_\_\_

Please list medication your child is bringing \_\_\_\_\_

*\*Written instructions must be given to the leader by the parent/guardian for EpiPens and asthma puffers as participants may be required to carry these on their person. Participants requiring medication or EpiPens must complete subsequent forms and return them to the office.*