

2ND YEAR CONFIRMATION PACKET



PLEASE KEEP THIS IN MIND...

- If you miss 3 or more classes you risk having to repeat the year.
 - All paper work needs to be turned in to Diana Pompa (Room 11).
- We will **NOT** accept late paperwork after the due date. **IF EVERYTHING IS NOT TURNED IN ON TIME, YOU WILL HAVE TO BE CONFIRMED AT A LATER DATE.**
- If you turned in anything last year than you don't have to worry about it in again.
If you are unsure what it was that you turned in than you can email,
Diana Pompa.
- You have the opportunity to earn a Gift Card, all you have to do is turn everything in by the due date.

If you have any questions or doubts please give us a call or send us an email,
Thank you.

CONTACT INFORMATION / INFORMACION DE CONTACTO:

Amelia Seid ° aseid@saintmichael.cc ° 678-831-8044

Diana Pompa ° dpompa@saintmichael.cc ° 678-831-8045

CHECK LIST:

1. Confirmation Contract (Due 10/29/23)
2. Baptismal Certificate (Due 12/8/24)
3. Saint Report (Due 12/8/24)
4. Sponsor Information (Due 12/8/24)
5. Letter to Pastor (Due 12/8/24)
6. Retreat Form (Due 12/8/24)
7. Service Hours (Due 3/30/25)
8. Parent Class Attendance (Due 3/30/25)
9. Sign up to receive reminders on your phone



GODPARENT | SPONSOR

Eligibility Form

Name of the Person being Baptized or Confirmed: _____

Baptism
Godparent

Confirmation (Middle/ High School)
Sponsor

RCIA
Sponsor

CANON 872-874 of the Code of Canon Law lists requirements for the valid and lawful sponsorship in Baptism/ Confirmation. To be admitted to the role of sponsor, a person must be a Catholic who has been confirmed and has already received the sacrament of the Most Holy Eucharist and leads a life in harmony with the faith and the role to be undertaken.

GODPARENT/ SPONSOR INFORMATION:

Full Name: _____

Address: _____

Cellphone: _____ Email: _____

Catholic Parish you are currently registered in: _____

In accepting the responsibility of Godparent/ Sponsor, I affirm that: *(Initial each statement that applies)*

_____ I am a practicing Catholic, who is over 16 years old & received Baptism, First Communion, & Confirmation. **(If single, submit a copy of your Confirmation Certificate.)**

_____ I know the fundamental truths of the faith & am a practicing Catholic who goes to Mass on Sunday & Holy Days, & receives the sacraments regularly.

_____ I am not the parent of the candidate who will receive the sacrament. My relationship to the candidate is: _____

_____ I understand & accept the obligations of a godparent/sponsor, to lead a life of faith & to pray & to assist my Godchild/Sponsored candidate in his/her spiritual growth.

Answer the following only if Married:

_____ I received the Sacrament of Holy Matrimony in a Catholic Church by a Catholic Priest or Deacon. **(If married, submit a copy of your marriage certificate.)**

I do hereby solemnly declare that I do fulfill all the requirements to act as a godparent/ sponsor for the Sacrament of Baptism/ Confirmation.

Signature of Sponsor: _____ Date: _____

.....
For Office Use Only:

I verify that the above named is a registered member since: _____

I am unable to verify that the above name is an active Catholic in my parish.

Office Admin Signature: _____ Date: _____ (Church seal)



PADRINO | MADRINA

Formulario De Elegibilidad

Nombre del Candidato que recibirá los Sacramentos: _____

Bautismo
Padrino/ Madrina

Confirmación (Middle/ High School)
Padrino/ Madrina

RICA
Padrino/ Madrina

El **CANON 872-874** del Código de Derecho Canónico enumera los requisitos para el patrocinio válido y legítimo en el Bautismo/Confirmación. Para ser admitido al papel de padrino, una persona debe ser católica que ha sido confirmada y ya ha recibido el sacramento de la Santísima Eucaristía y lleva una vida en armonía con la fe y el papel a desempeñar.

INFORMACIÓN DEL PADRINO/ MADRINA:

Nombre Completo: _____

Dirección: _____

Numero de Celular: _____ Correo Electronico: _____

Parroquia Católica en la que actualmente está registrado: _____

Al aceptar la responsabilidad de Padrino/Madrina, afirmo que: *(Escriba sus iniciales en cada afirmación)*

_____ Soy un católico practicante, mayor de 16 años y he recibido el Bautismo, la Primera Comunión y la Confirmación. **(Si está soltero(a), entregue una copia de su certificado de Confirmación.)**

_____ Conozco las verdades fundamentales de la fe y soy un católico practicante que va a misa los domingos y días de precepto y recibo los sacramentos con regularidad.

_____ Yo no soy el padre o madre del candidato que recibirá el sacramento. Mi relación con el candidato es: _____

_____ Entiendo y acepto las obligaciones de un(a) padrino/madrina de llevar una vida de fe y de orar y ayudar a mi ahijado(a) en su crecimiento espiritual.

Responda lo siguiente sólo si está Casado:

_____ Yo recibí el Sacramento del Santo Matrimonio en una Iglesia Católica por un Sacerdote o Diácono Católico. **(Si está casado(a), entregue una copia de su certificado de Matrimonio Católico.)**

Por la presente declaro solemnemente que cumplo con todos los requisitos para actuar como Padrino/Madrina del Sacramento del Bautismo/Confirmación.

Firma del Padrino/ Madrina: _____ Fecha: _____

.....
Sólo para Uso de Oficina:

Yo verifico que el arriba mencionado es miembro registrado desde: _____

Yo no puedo verificar que el nombre mencionado sea un católico activo en mi parroquia.

Firma del Administrador de la Oficina: _____ Fecha: _____ (Sello Parroquial)

SAINT REPORT

DUE 12/8/24

St Paul reminds us that “we have been called to be saints.” it has been customary to take a saint’s name as a model of inspiration at Baptism & Confirmation. The name is important because it symbolizes your new identity as a spirit-filled person.

Confirmation saints are chosen to be a person we want to be like, as well as someone who can pray for us from heaven.

Complete your saint project at home. If possible, invite your sponsor to help you.

All Requirements must be done or you will have to redo it.

Where to find information about your saint:

- a. You may find Saint books and information at your local library.
- b. Several websites on the internet that you might find useful include:
 - www.catholic.org/saint/stsindex
 - www.theworkofgod.org/saints
 - www.americancatholic.org
 - www.catholic-forum.com/saints

Report requirements:

1. **Cover:** Print the name of your saint in large, bold letter. Include a picture, drawing, or design. Print *your name* at the top right-hand corner.
2. **Format:** If you type your report, it should be one page with 1-inch margins & 12 point Times New Roman or a similar font. If you write your report, it should be double sided page and no skipping lines. Please write legibly.
3. **Content:**
 - A. **Paragraph 1:** Facts on the life of your saint, including ones that are particularly interesting to you.
 - B. **Paragraph 2:** Virtues that make your saint special & ways that you can imitate these virtues or incorporate them in your life.
 - C. **Paragraph 3:** An explanation of why you’ve chosen that particular name
 - D. **Paragraph 4:** A prayer asking your saint to intercede for you. A good starting place is the Entrance Antiphon of the Mass celebrated on the Feast Day of your saint, found in the Lectionary.

PRIEST LETTER

DUE 12/8/24

Requirements:

- Your letter can be written or typed. Have your name on the top right of your piece of paper.
- Begin your letter with the proper salutation. “Dear Fr. Tim,”
- Explain why you want to be confirmed.
- Describe how you have prepared to receive the sacrament.
- Write about how you hope to live the gifts of the Holy Spirit in your personal life.
- You can write about who your sponsor is and why you have chosen him or her.
- You write about the saint you have chosen and why you have chosen it.
- The length of the letter is not important but it does have to be minimum of half a page. What matters is the content and sincerity.

LIABILITY RELEASE FORM

FORMULARIO DE LIBERACIÓN DE RESPONSABILIDAD



**HIDDEN LAKE 2025
LIABILITY RELEASE FORM**
(for youth and chaperones)

GROUP LEADER: _____

GROUP NAME: _____

PARTICIPANT'S INFORMATION/INFORMACION DE PARTICIPANTE: (please print)

LAST NAME/APELLIDO: _____

FIRST NAME/NOMBRE: _____

ADDRESS/DIRECCIÓN: _____

CITY/CIUDAD: _____

STATE/ESTADO: _____

ZIP CODE/CODIGO POSTAL: _____

PHONE #/ TELEFONO: _____

EMAIL/CORREO ELECTRONICO: _____

BIRTH DATE/ FECHA DE NACIMIENTO: _____

GENDER/SEXO: MALE FEMALE

GRADE ENTERING/GRADO: 9 10 11 12 other: _____

WAIVER/RECLAMO:

INSURANCE CO. /ASEGURANZA: _____

INSURANCE ID/ID DE ASEGURANZA #: _____

INSURANCE GROUP #/GRUPO DE ASEGURANZA: _____

CARDHOLDER'S NAME/NOMBRE DEL TARJETAHABIENTE: _____

PARTICIPANT'S ALLERGIES (including meds and food)
ALERGIAS DEL PARTICIPANTE (incluyendo medicamentos y alimentos):

PARTICIPANT'S CHRONIC MEDICAL PROBLEMS (e.g. diabetes)
PROBLEMAS MÉDICOS CRÓNICOS DEL PARTICIPANTE (por ejemplo, diabetes):

CURRENT MEDICATION & DOSAGE (prescription & over the counter)
MEDICACIÓN ACTUAL y DOSIFICACIÓN (con receta y sin receta médica):

PARENT/PADRES INFORMATION/INFORMACION : (if youth)

NAME(S)/NOMBRES: _____

HOME PHONE/ CASA: _____

CELL PHONE/CELULAR: _____

EMAIL/ CORREO ELECTRONICO: _____

EMERGENCY CONTACT/CONTACTO DE EMERGENCIA:

(youth and chaperones)

NAME/NOMBRE: _____

PHONE #/CELULAR: _____

RELATIONSHIP TO PARTICIPANT/RELACION CON PARTICIPANTE:

HEALTH INFORMATION/INFORMACION DE SALUD:

(youth and chaperones)/(jóvenes y chaperones)

DOCTOR: _____

DOCTOR PHONE #/TELEFONO DEL DOCTOR: _____

I, _____, am either an emancipated adult or the parent or guardian of a minor child who will be participating in the Life Teen Hidden Lake Retreat. I am fully aware that my own/my child's participation in Hidden Lake Retreat is totally voluntary. In consideration of Life Teen's agreement to permit me/my child to participate in Hidden Lake Retreat, the receipt and sufficiency in which consideration is hereby acknowledged, I agree as follows:

I, individually, and on behalf of my minor child, if applicable, and our respective heirs, successors, assigns and personal representatives, hereby:

1. Release, acquit and forever discharge Life Teen, Camp Hidden Lake and the site organization(s) and their employees, agents, servants, officers, trustees and representatives, in their official and individual capacities, from any and all liability whatsoever for any and all damages, losses or injuries to persons or property or both which arise out of, during or in connection with my/my child's participation in Hidden Lake Retreat which may be sustained or suffered by me/my child or any person in connection with my/my child's association with, or participation in, activities at, sponsored by, or arising out of my/his/her travel to or from Hidden Lake;
2. Agree to indemnify, defend and hold harmless Life Teen, Camp Hidden Lake, and the site organization(s) and their employees, agents, servants, officers, trustees and representatives, in their official and individual capacities, from any and all liability, loss or damage they incur or sustain as a result of any claims, demands, actions, causes of action judgments, costs or expenses, including attorney's fees, which result from arise out of relate to my/my child's participation in Hidden Lake Retreat including my/his/her travel to or from Hidden Lake.

I hereby acknowledge and accept that:

1. There are certain risks arising from various activities, including but not limited to bodily injury, that could result from my/my child's participation in Hidden Lake Retreat. I have knowingly and voluntarily decided to assume the risks of these inherent dangers in consideration of Life Teen's permission to allow me/my minor child to participate in Hidden Lake Retreat.
2. My and, if applicable, my child's personal property is at my risk entirely.
3. Life Teen reserves the right to decline to accept or retain me/my child in Hidden Lake at any time should my/his/her actions or general behavior impede the operation of Hidden Lake Retreat or the rights or welfare of any person. I understand that I/my child may be required to leave Hidden Lake Retreat in the sole discretion of Life Teen's agents and representatives. In such an event, no refund will be made for any unused portion of Hidden Lake Retreat. I understand that Life Teen, in its sole discretion, reserves the right to cancel Hidden Lake Retreat or any aspect thereof prior to commencement.

I represent and warrant that I am/my child is covered throughout Hidden Lake Retreat by a policy of comprehensive health and accident insurance which provides coverage for injuries which I/he/she may sustain as part of my/his/her participation in Hidden Lake Retreat. I agree to complete the HEALTH INFORMATION above to the best of my ability and, by its completion, I hereby release and discharge Life Teen, Camp Hidden Lake, and the site organization(s) of all responsibility and liability for any injuries, illnesses, medical bills, charges or similar expense/he/she may incur while participating in Hidden Lake Retreat. By completing the form, I hereby authorize Life Teen to obtain any necessary medical treatment to myself/ my child, consent to any necessary examination, treatment, or care under the supervision and/or advice of any properly licensed medical professional and explicitly authorize Life Teen to release medical information about me/my child to any person or entity to whom Life Teen refers me/my child for medical treatment.

I agree that this Agreement is to be construed pursuant to the laws of the State of Arizona and is intended to be as broad and inclusive as permitted by law, and if any portion hereof is held invalid, it is agreed that the balance hereof shall continue in full legal force and effect. In addition, I agree that any legal action arising out of or in relation to this Agreement must be brought in a Maricopa County, Arizona court.

I hereby grant to Life Teen, Camp Hidden Lake, and the site organization(s) my consent without reservation to use, assign, convey, reproduce, copyright, publish or sell my/my child's name, voice, image, and/or likeness that arises from his/her participation in Hidden Lake Retreat, whether still or motion pictures, audio or video tape, for promotional, instructional, business or any other lawful purposes, at Life Teen's sole discretion.

In signing this Agreement, I hereby acknowledge and represent that I have read this entire document, that I understand its terms and provisions, that I understand it affects my legal rights as well as, if applicable, those of my child, that it is a binding Agreement, and that I have signed it knowingly and voluntarily.

Signature: _____
(must be signed by parent/guardian if participant is a minor)

Print Name: _____

Date: _____

Yo, _____, soy un adulto emancipado o el padre o tutor de un menor de edad que participará en el Retiro Life Teen Hidden Lake. Soy plenamente consciente de que mi propia participación / la de mi hijo en Hidden Lake Retreat es totalmente voluntaria. Teniendo en cuenta el acuerdo de Life Teen para permitir que yo / mi hijo / a participe en Hidden Lake Retreat, el recibo y la suficiencia en los cuales se reconoce esta consideración, acepto lo siguiente:

Yo, individualmente, y en nombre de mi hijo menor, si corresponde, y nuestros respectivos herederos, sucesores, cesionarios y representantes personales, por la presente:

1. Liberar, absolver y despedir para siempre a Life Teen, Camp Hidden Lake y las organizaciones del sitio y sus empleados, agentes, funcionarios, fideicomisarios y representantes, en su capacidad oficial e individual, de toda responsabilidad por cualquier y todos los daños, pérdidas o lesiones a personas o propiedades, o ambos, que surjan de, durante o en conexión con mi / la participación de mi hijo en Hidden Lake Retreat, que pueda ser sufrida o sufrida por mí / mi hijo o cualquier persona relacionada con mi / la asociación de mi hijo con, o la participación en, actividades en, patrocinadas por, o que surjan de mi / su viaje hacia o desde Hidden Lake;
2. Estar de acuerdo en indemnizar, defender y mantener inofensivos a Life Teen, Camp Hidden Lake y las organizaciones del sitio y sus empleados, agentes, funcionarios, funcionarios, fideicomisarios y representantes, en su capacidad oficial e individual, de toda responsabilidad, pérdidas o daños en los que incurrir o sufran como resultado de reclamos, demandas, acciones, causas de juicios, costos o gastos, incluidos los honorarios de abogados, que se deriven de la participación de mi / mi hijo en Hidden Lake Retreat, incluidos mi / su viaje hacia o desde Hidden Lake.

Por la presente reconozco y acepto que:

1. Existen ciertos riesgos que surgen de diversas actividades, que incluyen, entre otras, lesiones corporales, que podrían resultar de mi participación / la de mi hijo en el Retiro de Hidden Lake. A sabiendas y voluntariamente he decidido asumir los riesgos de estos peligros inherentes teniendo en cuenta el permiso de Life Teen para permitirme a mí / mi hijo menor participar en Retiro de lago escondido;
2. Mi propiedad personal y, si corresponde, la de mi hijo están a mi entera responsabilidad;
3. Life Teen se reserva el derecho de negarme a aceptarme o retenerme a mí / a mi hijo en Hidden Lake en cualquier momento si mis / sus acciones o comportamiento general impiden la operación de Hidden Lake Retreat o los derechos o el bienestar de cualquier persona. Entiendo que es posible que se requiera que yo / mi hijo dejemos Hidden Lake Retreat a la entera discreción de los agentes y representantes de Life Teen. En tal caso, no se realizará ningún reembolso por ninguna parte no utilizada de Hidden Lake Retreat. Entiendo que Life Teen, a su entera discreción, se reserva el derecho de cancelar Hidden Lake Retreat o cualquier aspecto del mismo antes del comienzo.

Declaro y garantizo que mi hijo está cubierto durante todo el retiro de Hidden Lake mediante una póliza de seguro médico y de accidentes que brinda cobertura para lesiones que pueda sufrir como parte de mi / su participación en Hidden Lake. Retirada. Estoy de acuerdo en completar la INFORMACIÓN DE SALUD de la mejor manera que pueda y, una vez que la complete, libero y doy de alta a Life Teen, Camp Hidden Lake y a las organizaciones del sitio de toda responsabilidad y responsabilidad por cualquier lesión, enfermedad, facturas médicas, cargos o gastos similares / él / ella puede incurrir mientras participa en Hidden Lake Retreat. Al completar el formulario, por la presente autorizo a Life Teen a obtener cualquier tratamiento médico necesario para mí / mi hijo, doy mi consentimiento para cualquier examen, tratamiento o atención necesarios bajo la supervisión y / o asesoramiento de cualquier profesional médico debidamente autorizado y autorizo explícitamente a Life Teen para divulgar información médica sobre mí / mi hijo a cualquier persona o entidad a quien Life Teen me refiera a mí / a mi hijo para tratamiento médico.

Estoy de acuerdo en que este Acuerdo debe interpretarse de conformidad con las leyes del Estado de Arizona y tiene la intención de ser tan amplio e inclusivo como lo permita la ley, y si alguna parte del presente documento se considera inválida, se acuerda que el saldo continuará. En pleno vigor y vigencia jurídica. Además, estoy de acuerdo en que cualquier acción legal que surja de o en relación con este Acuerdo debe presentarse ante un tribunal del condado de Maricopa, Arizona.

Por la presente otorgo a Life Teen, Camp Hidden Lake y a las organizaciones del sitio mi consentimiento sin reservas para usar, asignar, transmitir, reproducir, derechos de autor, publicar o vender el nombre, la voz, la imagen y / o la imagen de mi / mi hijo que surja de su participación en Hidden Lake Retreat, ya sean imágenes fijas o en movimiento, cintas de audio o video, con fines promocionales, educativos, de negocios o cualquier otro propósito legal, a la entera discreción de Life Teen.

Al firmar este Acuerdo, reconozco y declaro que he leído todo este documento, que entiendo sus términos y disposiciones, que entiendo que afecta mis derechos legales y, si corresponde, los de mi hijo, que es un Acuerdo vinculante, y que lo he firmado a sabiendas y voluntariamente.

Firma: _____
(debe estar firmado por el padre / tutor si el participante es menor de edad)

Imprimir Nombre: _____

Fecha: _____

