

2010-2011 Luther Memorial Confirmation Registration Form / Permission Slip

Personal Information:

Student's Full Name: _____ Prefers being called by this name: _____

Address: _____ City: _____ Zip Code: _____

2010/2011 grade: _____ Date of Birth: _____ Home Phone Number: _____

Student E-Mail: _____ On Facebook? Yes No

Parent Cell Number: ^{Dad} Mom _____ Student Cell Number: _____
Do you text? Yes / No Do you text? Yes / No



Father's Name: _____ Mother's Name: _____

Father's Employer: _____ Mother's Employer: _____

Father's E-Mail: _____ Mother's E-mail: _____
On Facebook? Yes No On Facebook? Yes No

Father's Work #: _____ Mother's Work #: _____

Is it okay to call at work? Yes No Yes No
Preferred contact: Phone - Hm or Cell / Email / Text / FB Phone - Hm or Cell / Email / Text / FB

In case of an emergency, contact this person if parents cannot be reached:

Name: _____ Relationship to student: _____

Home Phone: _____ Cell Phone: _____

Medical Information

Does your child have any allergies or other medical conditions of which we should be aware?

_____ Yes (If yes, please explain on back of form) _____ No

Does your child have any diagnoses or history of behavioral or learning concerns about which we should be informed?

_____ Yes (If yes, please explain on back of form) _____ No

Insurance Co. _____ Phone Number: _____

Policy # _____ Name of Insured: _____

Worship Leadership

Families are asked to help lead worship when their child(ren) are scheduled to acolyte or help with worship slides. Please designate which area you would be interested in helping and that coordinator will call you to verify your help. Thank you for helping your child's faith grow!! **A family that serves together GROWS TOGETHER!** (Circle all in which you are interested and specify names if needed.)

Lesson Reader

Communion Assistant

Usher

Altar Guild

Audio / Video Operator

(training provided)

(training provided)



More on Back

Student Covenant

As the participant in confirmation, I realize that I will be participating in events with purposes which may include Christian learning, service and fun. While at any confirmation event, I will refrain from using alcohol, tobacco and illegal drugs and I will not bring anything that could be considered dangerous (such as fireworks, knives, lighters, etc.). I WILL participate fully in the life of the event, honor the time commitments and respect the rights of others. I understand that failure to abide by this covenant will result in consequences; one of which may include being sent home immediately at my own or my parent's expense (if this event is away from the church property).

Student Signature

Date

Parent / Guardian Covenant

As parent(s) / guardian(s), I understand that I/we have the primary responsibility to help my child's faith grow. This responsibility can only be fulfilled through a partnership between the congregation and the home. Therefore, I/we promise to make a conscientious effort to ensure that my/our child attends both Confirmation and worship regularly, and to work to reinforce their learning and growth at home. I/we promise to learn alongside my/our child and to seek out opportunities for us to strengthen our faith as a family through prayer, devotions and service.

Parent / Guardian Signature

Date

Authorization for Participation of Minors (Under 18)

I give permission for my child to participate in confirmation activities sponsored by Luther Memorial Lutheran Church, including travel *to and from* locations, for the period of Sept. 1, 2010 to August 31, 2011. I understand that my child's failure to abide by the covenant may result in his or her being sent home at my own expense.

Parent / Guardian Signature

Date

Medical, Liability, and Media Release

I, the parent/guardian of the child listed on this form, authorize a representative of Luther Memorial Lutheran Church to take such action as deemed necessary for the care, welfare and health of my child, including the giving and consent of medical treatment. I understand all reasonable safety precautions will be taken at all times by Luther Memorial Lutheran Church and its agents to avoid accident, injury and disease. I hereby agree to indemnify and hold harmless from any expense of claims of any nature Luther Memorial Lutheran Church and its representatives. I understand that in the event medical intervention is needed, every attempt will be made to contact the person(s) listed on this form. I understand that I am responsible for any charges that may be incurred. I also give Luther Memorial Lutheran Church permission to use and publish any photographs, videos, audios, and any other material in which my child may have appeared, spoke, written, or otherwise been represented. I understand that a copy of this release will be kept on file to indemnify Luther Memorial Lutheran Church against any use of the materials indicated. ***Check here [] if we cannot use photos.***

Parent / Guardian Signature

Date

EXTRA MEDICAL INFORMATION (if marked yes on front):