

CHRIST LUTHERAN CHURCH (7th grade)

Confirmation Student Registration & Permission Form 2015-2016

Name (first/middle/last)

Date and place of birth: _____ Male/Female:

Date (mo./yr.) and place of baptism:

Home Address:

Home Phone Number: _____ Cell #'s Dad _____, Mom _____

Parent or guardian name(s):

Parent(s) address if different:

Parent Home Phone Number(s): _____

Parent email address(es): _____ Work Phone Number(s): _____

Best method/time to communicate with you: email or telephone Time _____

School: _____ Grade(15/16 Year): _____ Track: _____

Prefer to Acolyte at Worship Service: 1st preference with (X) * 2nd in - ALT box; Must be filled out

Sat 5:00 ___ Sun 8:00 ___ 9:30 ___ 11:00 ___ (Alt:* _____)*

Registration Fee (\$45): Not Paid _____ Paid _____ (cash _____ check # _____)

Emergency Contact (name & phone number):

Physician's Name:

Insurance Company: _____ Insurance Number: _____

Medical Concerns/Allergies _____ :

Permission to Participate in Small Group Activities:

I give permission for the participant to be involved in Christ Lutheran Church's Confirmation small and large group activities which may occur on or off the church building site. I give permission for the participant to travel in a rental vehicle, an authorized vehicle or personal vehicle driven by adult staff and/or adult volunteers for fellowship or service project activities. I understand that the small group activities will be sponsored and supervised by adult staff and/or adult volunteers of Christ Lutheran Church.

Signed: _____ Date: _____

Permission for Medical Treatment:

In the event of an emergency where medical treatment is required during any Christ Lutheran Church Confirmation event or activity, I give my permission to the church staff or volunteer sponsor to obtain the services of a licensed physician. Please attempt to notify me immediately concerning any such emergency.

Signed: _____ Date: _____