

# CHRIST LUTHERAN CHURCH (8<sup>th</sup> 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 to communicate with you: email or telephone; Time: \_\_\_\_\_**

School: \_\_\_\_\_ Grade(15/16 Year): \_\_\_\_\_ Track: \_\_\_\_\_

Prefer to Acolyte at Worship Service: Mark X: primary- 2<sup>nd</sup> mark for ALT; (Alt must be marked)

Sat 5:00 \_\_\_ Sun 8:00 \_\_\_ 9:30 \_\_\_ 11:00 \_\_\_ (Alt:\* \_\_\_\_\_ )

Registration Fee (\$30): 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: