

Central Lutheran's Confirmation Registration

6th, 7th, 8th, 9th Grade - 2008-2009 (circle one)

(Please print clearly and complete this form in its entirety)

PLEASE MAIL THIS FORM OR BRING IT IN TO THE CHURCH OFFICE BY August 15th, 2008

Student's Full Name: _____ Grade: _____

First Middle Last

School _____ Parent(s) / Guardian(s) _____

Address _____

Street City Zip

Home Phone _____ Birth Date _____

Email Address _____ Central Lutheran Member? YES NO

Baptized? YES NO Baptismal Date _____ Received 1st Communion Instruction? YES NO

STUDENT Service PARTICIPATION

(Circle ALL that apply)

Reader/Leader Usher Greeter
Music (solo or group) (vocal or inst or piano)
Teach or help with Kids of the King
TECH at worship: ppt or camera
Acolyte (8:30am or Lent) "Haven" assistant

CHURCH TIME I ATTEND (all students!!)

8:30 a.m. 10:00 a.m.

Wednesday Wellspring, 6:30 p.m.

PARENT/GUARDIAN INFORMATION

(Circle ALL that apply)

As my part in the confirmation program, I would like to:

Be a mentor
Transport to retreats
Chaperone overnight retreats
Organize and lead an event

PARENTS: WORSHIP WITH YOUR KIDS!!

CONFIRMATION CONSENT/MEDICAL RELEASE FORM

I am the parent/legal guardian of the participant, and hereby grant my permission for him/her to participate fully in Central Lutheran Church related trips and activities.

In the event of an emergency, and I cannot be reached, I give permission for the supervising Central Lutheran staff or the available adult leader to sign forms that would ensure the NECESSARY and IMMEDIATE treatment of the participant. I give permission to those administering emergency treatment to do so using those measures deemed necessary. I furthermore absolve those acting on my behalf in this regard from liability as long as there is not gross negligence. (Please attach a clear statement regarding the treatment of your child in the event of an emergency if different than the instructions stated in this paragraph. Sign and date the statement, please.)

Further, I understand that the child-participant cannot use alcohol, tobacco, drugs, firearms, or fireworks at any Central Lutheran sponsored activity, regardless of location. If those rules are broken, I hereby assume transportation costs incurred for immediately returning the student home.

Parent/Guardian Signature _____ Date _____

Name & Phone number of another person to contact in an emergency:

Name: _____ Phone# _____

Family Physician: _____ Phone # _____

Family Insurance Company _____ Policy # _____

Allergies, physical limitations, pre-existing conditions, medications currently used, other comments:

