

(STUDENTS FILL OUT THIS SIDE)

**St. Paul Lutheran Church Confirmation
Registration 2017-2018
Wednesdays 6:30-8:00**

Confirmation Student Name _____ Grade _____

Your Cell Phone Number _____

Your Email Address _____ (please include Student's
Email Address so they can be informed of happenings in Confirmation)

What School do you go to? _____ Birthdate _____

Every Confirmation Student is required to put in volunteer church hours during the Confirmation year. During Orientation, you will be asked to choose which service you would like to do- They are listed here for you to think about....reader, Acolyte, Nursery, Usher, Sunday School Helper, Sound Booth.

Do you play an instrument or interested in singing? We are looking for musicians to play Special Music during Worship, Advent Joy or other Special Occasions.

List three things you'd like to learn about God/Religion/The Bible during Confirmation:

1) _____

2) _____

3) _____

(STUDENTS FILL OUT THIS SIDE)

(PARENTS FILL OUT THIS SIDE)
St. Paul Lutheran Church Confirmation
Registration 2017-2018
Wednesdays 6:30-8:00

PARENTAL PERMISSION and Information

My son/daughter _____ has my permission to attend St Paul Lutheran's Confirmation Instruction and Youth Activities from September 1, 2017 to September 15, 2018.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

MEDICAL INFORMATION AND RELEASE

Parent's (Guardian's) Names _____

Work and Home Email(s) _____

Please leave an email that we can use to relay Confirmation Information. This will be our main form of Communication with you throughout the year.

Cell Phone _____ Spouse Cell Phone _____

Work Phone _____ Spouse Work Phone _____

Emergency Person and Phone Number _____

Doctor's Name and Hospital _____

Health Insurance Company and Insurance No _____

Please list any medical allergies, medication, medical problems or any other important information:

I/We, as legal guardian(s), assume all risks and hazards to our child(ren) incidental to participation in these events. We release, absolve, indemnify, and agree to hold harmless the Evangelical Lutheran Church of America or St. Paul Lutheran Church of Wyoming, Minnesota, its agents, employees and officers, and the chaperones, organizers and sponsors, as well as persons transporting our child(ren) to and/or from these activities. Neither the Evangelical Lutheran Church of America or St. Paul Lutheran, nor any of said persons shall be held financially responsible for any injury, illness, or death incurred as a direct or indirect result of these activities.

I/We understand that, in the event medical treatment is required, every effort will be made to contact me. However, if I cannot be reached, I give my permission to the church staff or youth leaders to secure the services of a licensed physician to provide the care necessary, including anesthesia, for my child's well-being.

I/We also understand there is no medical insurance provided by St. Paul Lutheran or the Evangelical Lutheran Church in America. We the undersigned have read this release and understand all its terms and execute it voluntarily and with full knowledge of its significance.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

TRANSPORTATION

My child has permission to ride with an adult driver, (18 and older) to Confirmation Events.

PARENT/GUARDIAN SIGNATURE _____ DATE _____