

**(STUDENTS FILL OUT THIS SIDE)**

## **St. Paul Lutheran Church Confirmation Registration 2018-2019**

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.

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

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

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**(PARENTS FILL OUT THIS SIDE)**  
**St. Paul Lutheran Church Confirmation**  
**Registration 2018-2019**

**PARENTAL PERMISSION and Information**

My son/daughter \_\_\_\_\_ has my permission to attend St Paul Lutheran's Confirmation Instruction and Youth Activities from September 1, 2018 to September 15, 2019.

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 \_\_\_\_\_