

2017-18 Lands Lutheran Church  
**Confirmation Registration Form**

*Please print clearly and complete both sides of this form and return to Lands Lutheran.*

**Youth Information**

Full Name:		<input type="checkbox"/> Male <input type="checkbox"/> Female	School Attending:
Address, City, State, Zip:			
Date of Birth: ____ / ____ / ____		Lands Member: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Interested	Child Lives With: (check all that apply) <input type="checkbox"/> Both parents <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other: _____
Cell Phone:			
Able to receive text messages? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Current grade: <input type="checkbox"/> 7 <sup>th</sup> <input type="checkbox"/> 8 <sup>th</sup>	Student E-mail: <i>(if used)</i>		Tee-shirt size <i>(if needed)</i> : Youth: S M L XL Adult: S M L XL

**Parent/Guardian Information**

Parent/Guardian Name(s):		Home phone:	Best phone number to reach you:	
Address:		City:	State:	Zip Code:
E-mail:		Able to receive texts messages? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Are you willing to help lead small group time? <i>(Don't worry, we will give you everything you need.)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Possibly <input type="checkbox"/> Sometimes, as my schedule allows <input type="checkbox"/> Other: _____				
Parent/Guardian Name(s):		Home phone:	Best phone number to reach you:	
Address: <i>(if different than above)</i>		City:	State:	Zip Code:
E-mail:		Able to receive text messages? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Are you willing to help lead small group time? <i>(Don't worry, we will give you everything you need.)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Possibly <input type="checkbox"/> Sometimes, as my schedule allows <input type="checkbox"/> Other: _____				

**Emergency Information**

Emergency Contact Name: <i>(other than parent)</i>	Relationship:	Best phone number to reach them:
Emergency Contact Name: <i>(other than parent)</i>	Relationship:	Best phone number to reach them:

*Form continues on the reverse side...*

## Health Information

Doctor's Name:	Doctor's Office Phone:
Medical Insurance Company:	Policy Number:

### Please indicate below any medical needs we should be aware of:

<input type="checkbox"/> Allergies: (e.g. insects, foods, medications, etc.) If so, please explain...
<input type="checkbox"/> Illness: (e.g. asthma, cold, flu, etc.) If so, please explain...
<input type="checkbox"/> Physical restrictions, personality changes, mood swings, or depression over the past 6 months? If so, please explain...

## Promotional Release

Unless otherwise stated below, I give permission for my child's photo to be released for publicity purposes without compensation.

## Parental Release

I am the parent/legal guardian of the participant named on this form, and hereby grant my permission for him/her to participate fully in Lands Lutheran Church related events and activities, and to be transported off-site with Lands Lutheran staff members or volunteers. In the event of an emergency and I cannot be reached, I give permission for the supervising Lands Lutheran staff member or to the available adult leader to sign forms that would ensure the necessary and immediate treatment of the participant. I give permission for those administering emergency treatment to do so, using those measures deemed necessary. I furthermore absolve those acting on my behalf in their regard from liability, as long as there is no gross negligence.

Parent/Guardian Signature:	Date:
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*(Please attach a clear statement regarding treatment of your child in the event of an emergency if different than the instructions stated in this paragraph. Please sign, date, and attach.)*