

2018-19 Lands Lutheran Church + Minneola 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 th <input type="checkbox"/> 8 th	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 and Minneola Lutheran Church related events and activities, and to be transported off-site with Lands and/or Minneola Lutheran staff members or volunteers. In the event of an emergency and I cannot be reached, I give permission for the supervising Lands or Minneola 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.)