

2017-2018 CONFIRMATION REGISTRATION

STUDENT'S FULL NAME: _____

IS STUDENT BAPTIZED: _____ BAPTISM DATE: _____

MALE/FEMALE: _____ GRADE: _____ SCHOOL: _____

AGE: _____ DATE OF BIRTH: _____

PARENT'S NAME: _____

ADDRESS: _____

PHONE:

Home: _____ Cell: _____ Text: YES NO

EMAIL: _____

I prefer to get reminder notifications via TEXT or PHONE CALL or EMAIL

PARENT'S NAME: _____

ADDRESS: _____

PHONE:

Home: _____ Cell: _____ Text: YES NO

EMAIL: _____

I prefer to get reminder notifications via TEXT or PHONE CALL or EMAIL

STUDENT LIVES WITH WHOM: _____

BEST WAY TO CONTACT STUDENT: Cell: _____ Text: YES NO

EMAIL: _____

I give my child permission to participate in the confirmation program at Our Savior's Lutheran Church, West Salem, Wisconsin. I understand this includes regular parts of the program that occur in the church building as well as events, both large and small group, that occur at other sites, including any transportation to those sites. Any overnight events will require a specific permission/release form for that event.

I release Our Savior's Lutheran Church and any partner organization with all affiliated persons from responsibility and liability for any injury or illness that my child may sustain during the activities at this event. In the event of an emergency, I hereby authorize a staff member from Our Savior's Lutheran, or designated adult, as an agent for me, to consent to any X-ray examination; medical, dental or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either at a doctor's office, hospital, or first-aid station, or in transit. I expect to be contacted as soon as any emergency arises involving my child.

SIGNED: _____ DATE: _____

(over)

Medical Information

ALLERGIES/MEDICAL CONDITIONS: _____

MEDICATIONS: _____

PHYSICAL HANDICAPS/LIMITATION: _____

Insurance company: _____

Member Name: _____

Policy Number: _____

Photograph Release Form

Dear Parent,

At Our Savior's Lutheran Church, we often have the opportunity to take photos of children and young adults engaged in our activities. We would like to request your permission to use such photos of your child in our publications, on our web site, and in other communication vehicles that promote our congregation. Many times names will not be used, and if they are, only first names will be published.

Please fill out this form to give your consent. Thank you very much.

Child's Name: _____

Parent's Name: _____ Phone: _____

Permission is granted for Our Savior's Lutheran Church to use photographs of my child to illustrate the activities of our institution in communications such as, but not limited to: website, print advertising, media relations, and other publications.

Signature

Date