

**ST. JOHN LUTHERAN CHURCH**  
**CONFIRMATION REGISTRATION FORM**  
**2018 – 2019**



STUDENT NAME \_\_\_\_\_ GRADE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

BAPTISM DATE \_\_\_\_\_ NOT BAPTIZED \_\_\_\_\_

SCHOOL ATTENDING \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_

CELL PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_

CELL PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

**ACOLYTE SCHEDULE SERVICE PREFERENCE** (please check)

\_\_\_\_\_ Saturday 5:30 pm      \_\_\_\_\_ Sunday 8:30 am      \_\_\_\_\_ Sunday 11:00 am

Comments: \_\_\_\_\_

**STUDENT EXPECTATIONS**

**We expect each student to conform to these rules of conduct:**

- No possession or use of alcohol, drugs or tobacco
- No use of inappropriate language or subject matter
- No fighting or antagonizing others

**We expect:**

- Participation with the group
- Respect of property
- Respect one another, staff and adult leaders
- Respect and comply with event schedules

I, the student, understand the above expectations for attending St. John Lutheran Church youth events including weekly classes, social and servant events, on and off site programming, weekend retreats, and any other youth sponsored programs. I understand that if my behavior is unacceptable, my parent/guardian will be called and I will need to be picked up immediately. Lastly, I promise to have a good time at all youth events!

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Activities may include, but are not limited to: social and servant events, cookouts, boating, swimming, basketball, roller skating, roller blading, games in the park, soccer, broomball, ice skating, tubing, volleyball, softball, baseball, camping, hiking, biking, concerts, bible studies, Winter Retreat, 7<sup>th</sup> Grade Kick-off Retreat, overnight activities, corn mazes, outreach events, miniature golf, hayrides. Note: If you desire to limit your child's participation in any events, please let us know.

**Student Name:** \_\_\_\_\_ has my permission to attend all youth activities sponsored by St. John Lutheran Church and Confirmation on and off campus from September 1, 2018 through June 1, 2019.

**(TURN OVER)**

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff and volunteers of any liability against personal losses of the child named above.

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by St. John Lutheran Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/we agree to hold such person free and harmless of any claims, demands, or suit for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursing by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my knowledge, still be in force for the student named above. I/we also agree to bring my child home at my own expense should they become ill or if deemed necessary by St. John Lutheran Church.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### PARENTS/ADULT VOLUNTEER OPPORTUNITIES

Please check all areas where you can volunteer to help:

- |   |  |
|---|--|
| <input type="checkbox"/> Care Group Leader/Helper                           | <input type="checkbox"/> Skit/Video Assistant                    |
| <input type="checkbox"/> Office Assistance                                  | <input type="checkbox"/> Fellowship Night Adult Leader/Chaperone |
| <input type="checkbox"/> Assist with church meal events throughout the year | <input type="checkbox"/> Other - Wherever needed                 |

### MEDICAL HISTORY and INFORMATION

MEDICAL INSURANCE COMPANY \_\_\_\_\_

GROUP # \_\_\_\_\_ POLICY # \_\_\_\_\_

\_\_\_\_\_  
**\*\*7TH GRADE ONLY\*\***

**(PLEASE SUBMIT A COPY OF YOUR MEDICAL INSURANCE CARD (FRONT AND BACK))**

EMERGENCY CONTACT (other than parent):

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

PHYSICIAN \_\_\_\_\_ OFFICE PHONE \_\_\_\_\_

Does your child have allergies to: \_\_\_ Pollens \_\_\_ Medications \_\_\_ Food \_\_\_ Other: \_\_\_\_\_

Does your child suffer from, experience, or is being treated currently for any of the following:

\_\_\_ Asthma \_\_\_ Epilepsy/Seizure Disorder \_\_\_ Heart Trouble \_\_\_ Frequent Upset Stomach \_\_\_ Diabetes

\_\_\_ Physical Handicap \_\_\_ Other: \_\_\_\_\_

May your child have Ibuprofen (Advil)? \_\_\_\_\_ May your child have Acetaminophen (Tylenol)? \_\_\_\_\_

Date of Last Tetanus Shot: \_\_\_\_\_

Should this child's activities be restricted for any reason? Please explain: \_\_\_\_\_

**Registration fee is \$20 per child.** After October 1, 2018, registration fee is \$30.00 per child unless a payment schedule has been established with the church office prior to this date. Please contact Pastor Jen regarding scholarships. Make check payable to "St. John Lutheran Church".

**Office Use Only:** Payment Amount \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_ Date \_\_\_\_\_