



2021-2022 Confirmation Registration & Permission Form/Medical Release

**** As emergencies are never predictable, both sides of this form are required to be filled out for participation in Trinity Wednesday Ministry Programs.**

ONE FORM PER YOUTH—COPIES CAN BE FOUND AT THE CHURCH OFFICE

Youth's Name (first, middle, last): _____
 Grade (21-22): _____ School Attending: _____
 Youth's cell: _____ Youth's E-mail: _____
 Birth date: _____ Baptism date: _____ First Communion Date: _____

Family Information:

Parent/Guardian _____	Parent/Guardian _____
Street Address _____	Street Address _____
City _____ St _____ Zip _____	City _____ St _____ Zip _____
Home Phone (____) _____	Home Phone (____) _____
Work Phone (____) _____	Work Phone (____) _____
Cell Phone (____) _____	Cell Phone (____) _____
Permission to text a "Ride Home Question" <input type="checkbox"/> yes <input type="checkbox"/> no	Permission to text a "Ride Home Question" <input type="checkbox"/> yes <input type="checkbox"/> no
Email _____	Email _____
Member of Trinity Lutheran Church? <input type="checkbox"/> yes <input type="checkbox"/> no	Member of Trinity Lutheran Church? <input type="checkbox"/> yes <input type="checkbox"/> no

Emergency Contact OTHER THEN PARENT, to be used if parents cannot be reached (List two with phone numbers):
 Emergency Contact #1: _____ Phone: _____
 Emergency Contact #2: _____ Phone: _____

Parent Involvement: I am interested in serving
 (Please consider choosing one because as a parent you play a huge role in your child's faith life)
Adults must be active members for a minimum of 6 months to volunteer with Trinity youth programs...
 Confirmation Small Group Leader Retreat Chaperone
 Back-up Confirmation Small Group Leader Confirmation Special Events

Small Groups

Youth can request 2 people to be in small group with. We will try our best to make it work with at least one of the people chosen. Youth will be placed in groups based on what is best for the group dynamics, behavior and the gifts of the leader.

Youth Name: _____ 1st Request: _____ 2nd Request: _____

Confirmation Fee Enclosed (payable to Trinity Lutheran Church) Ck # _____ Cash _____
****\$60 for 8th grade Retreat if guidelines allow. Do not pay yet.**

Medical Information:

Special Medical Concerns, Medications being taken, Allergies (especially to food or medications):

Family Doctor: _____ Phone: _____

Family Dentist: _____ Phone: _____

Insurance Company: _____ Policy/ID

#: _____

PLEASE READ AND CHECK ALL THAT APPLY

_____ I give my child permission to participate in Confirmation or EDGE activities at Trinity Lutheran Church.

_____ I give my child permission to participate in Confirmation or EDGE activities sponsored by Trinity Lutheran that are not at the church.

_____ I give my child permission to be driven by an adult from Trinity Lutheran Church _____ I give my child permission to be driven by other Confirmation/EDGE parents to Confirmation/EDGE sponsored activities, i.e. retreats, servant and or fellowship events, etc.

_____ I give Trinity permission to give my contact information to my child's small group leader so they may be in contact with me about my child and what is going on in their small group.

Special permission forms may still need to be filled out for other activities such mission trips, specific retreats, etc.

Consent & Authorizations

I have read and agree with the expectations listed in the Wednesday Ministry booklet and will support Trinity Lutheran Church in administering appropriate consequences if expectations are not followed.

I give permission for Trinity Lutheran Church to use, publish, or disclose in newsletter, brochures, posters, website or other media-related vehicles, any photographs, videos, audios, or other material in which my child may have appeared, spoken or written or otherwise been represented. No names shall be attached to any media used.

I/We, as the parent(s) and/or legal guardian(s) of the above-named minor, hereby authorize a representative of Trinity Lutheran Church to act on my/our behalf in obtaining and authorizing unexpected medical, dental, surgical and/or hospital care for the minor in my absence from September 1, 2021 through August 31, 2022.

Parent or Guardian Signature: _____

Date: _____