



TRINITY
Lutheran Church
NORTH BRANCH

2025-2026

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 Youth Ministry Programs.**

ONE FORM PER YOUTH

Youth's Name (first, middle, last): _____
Grade (25-26): _____ School Attending: _____
Youth's cell: _____ Youth's E-mail: _____
Permission to contact youth via text: ____Yes ____No Permission to contact youth via Email: ____Yes ____No
Birth date: _____ Baptism date: _____ First Communion Date: _____

Family Information:

Parent/Guardian _____
Street Address _____

City _____ St _____ Zip _____
Home Phone (____) _____
Work Phone (____) _____
Cell Phone (____) _____
Email _____
Church you attend _____

Parent/Guardian _____
Street Address _____

City _____ St _____ Zip _____
Home Phone (____) _____
Work Phone (____) _____
Cell Phone (____) _____
Email _____
Church you attend _____

Emergency Contact, if parents cannot be reached (List two with phone numbers):

Emergency Contact #1: _____ Phone: _____
Emergency Contact #2: _____ Phone: _____

Medical Information:

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

Family Doctor: _____ Phone: _____
Family Dentist: _____ Phone: _____
Medical Insurance Company: _____ Policy/ID #: _____

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/visitors for a minimum of 6 months to volunteer with Trinity youth programs and a yearly background check is required.*

_____ Confirmation Small Group Leader _____ Back-up Confirmation Small Group Leader
_____ Confirmation Event driver/chaperone

Confirmation Ministry 2025-2026 Consent & Authorizations

Authorization for Participation of Minors: I give permission for _____ to participate in youth and family ministry activities sponsored by Trinity Lutheran Church, including travel to and from locations, for the period of September 1, 2025 to August 31, 2026.

Medical Release: I, the parent/guardian of _____, authorize a representative of Trinity Lutheran Church to take such action as deemed necessary for the care, welfare and health of my child including the giving and consent of medical treatment when parental/guardian consent shall be unavailable or when circumstances require immediate medical decision.

Media Release: I, the parent/guardian of _____, give permission for Trinity Lutheran Church to use, publish, or disclose in newsletter, brochures, posters, website, social media, 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.

Participation Release:

I acknowledge that participation in Trinity Lutheran Church youth and family activities involves risk to the participant (and to the participant's parents or guardians, if the participant is a minor), and may result in various types of injury including, but not limited to, the following: sickness, exposure to infectious/communicable disease, bodily injury, death, emotional injury, personal injury, property damage, and financial damage. In consideration for the opportunity to participate in Trinity Lutheran Church youth and family activities, the participant (or parent/guardian if the participant is a minor) acknowledges and accepts the risks of injury associated with participation in and transportation to and from the activity. The participant (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during the activity or during transportation to and from the activity, as well as for any medical treatment rendered to the participant that is authorized by Trinity Lutheran Church or its agents, employees, volunteers, or any other representatives. Further, the participant (or parent/guardian) releases and promises to indemnify, defend, and hold harmless Trinity Lutheran Church and its employees and volunteers for any injury arising directly or indirectly out of Trinity Lutheran Church youth and family activities or transportation to and from the activity, whether such injury arises out of the negligence of Trinity Lutheran Church, the participant, or otherwise. If a dispute over this agreement or any claim for damages arises, the participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the participant (or parent/guardian) and Trinity Lutheran Church cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution in accordance with the rules of the American Arbitration Association. I hereby choose to accept the risk of contracting COVID-19 for myself and/or my children in order to utilize and participate in the services of Trinity Lutheran Church and enter Trinity Lutheran Church's premises.

Parent/Legal Guardian Signature: _____ **Date:** _____



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