

# 2024-2025 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