

Gethsemane Confirmation Program

Registration Form

2021-2022

Student Name: _____ Grade in Fall 2021: _____

Parent/Guardian Name(s): _____

Address: _____

Street

City

State

Zip Code

Parent/Guardian Email Address: _____

Student Email Address: _____

Home Phone: _____

Student Cell Phone (if applicable): _____

Parent/Guardian Work/Cell Phone: _____

My child's confirmation leaders & guides may contact my child directly on their cell phone: YES / NO
(circle one)

Parent/Guardian Permission

I give permission for my child to attend and to fully participate in all activities related to confirmation learning events, fellowships events, and service events.

I understand that the church will be requiring my child to follow health and safety precautions to prevent the spread of COVID-19 including masking, hand-sanitizing, and social distancing and I will encourage and support my child in doing so.

I understand that my child's picture may be taken during these events and used on Gethsemane's website or newsletter. No name will be associated with a published picture except with expressed consent.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Printed Name: _____

More ⇨

Emergency Medical Information

Please notify the church if there are any changes to your emergency information.

This information will be kept for the 2021-2022 school year and then shredded.

Student Name: _____

Parent/Guardian Name: _____ Relationship to Student: _____

Health Insurance Information

Insurance Provider: _____

Address: _____

Phone#: _____

Policy #: _____

Family Physician: _____

Preferred Medical Center: _____

Phone: _____

Additional Emergency Information

If parent/guardian is not available, please call contact below:

Name: _____ Relationship: _____

Home Phone: _____ Other Phone: _____

Additional comments regarding medical history, **allergies**, current prescriptions or drug reactions, etc. that may be helpful or needed in emergency medical treatment:

If medical treatment in the event of an emergency is not desired, what action should be taken?

In case of emergency, I understand that every effort will be made to contact parent(s), guardian(s), or other relatives listed above. If these contacts cannot be reached, I hereby give the staff and appointed volunteers permission to act on my behalf in seeking emergency treatment for my child in the event that such treatment is deemed necessary. I give permission to those administering emergency treatment to do so, using those measures deemed necessary. I understand that neither Gethsemane Lutheran Church nor the staff or volunteers will be held responsible for related injuries that may occur during this program.

Signature of parent/guardian: _____ Date: _____