

2023-2024 CONFIRMATION REGISTRATION

PLEASE RETURN BY FRIDAY, JUNE 30

Peace Lutheran Church; Antigo, WI

*Please make any corrections to your current information and provide any requested information.

STUDENT INFORMATION

First Name _____ Middle _____ Last _____
Date of Birth: _____ Baptismal Date: _____
Student Cellphone #: _____ Student Email: _____
Church Membership: _____ School Attending: _____ Grade: _____
Student's Address: _____
Student lives with their _____
Insurance Company: _____ Phone #: _____
Insurance Policy #: _____ Group #: _____
Physician: _____ Physician Phone #: _____

FAMILY INFORMATION

Parent/Guardian

Name: _____ **Relationship to Child:** _____
 Check if address is same as student's address.
Address: _____
Home#: _____ **Work #:** _____ **Cellphone #:** _____
Church Membership: _____ **Email:** _____

Parent/Guardian

Name: _____ **Relationship to Child:** _____
 Check if address is same as student's address.
Address: _____
Home#: _____ **Work #:** _____ **Cellphone #:** _____
Church Membership: _____ **Email:** _____

EMERGENCY CONTACT (If guardians cannot be reached.)

Name: _____ **Relationship to Child:** _____ **Phone Number:** _____

MEDICAL HISTORY

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken.

Check the following areas of concern for this student. If necessary, add another page with details:

1. Does your child have allergies to:
pollens___ medications___ food___ insect bites___ other _____
Comments/Explanation:

2. Please list any medical conditions/concerns that we should be aware of or any activities that should be restricted for the student?

CONTINUED ON NEXT PAGE

STUDENT AND PARENT CODE OF CONDUCT

We expect each student to conform to these rules of conduct.

Students who fail to comply with these expectations may be sent home.

- | | |
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| No possession or use of alcohol, drugs, or tobacco. | Respect property, one another, staff, and adults. |
| No fighting, weapons, fireworks, lighters, or explosives. | Respect and comply with event schedules. |
| No offensive or immodest clothing. | No misuse of God's Holy Name or other offensive language. |
| Participation with the group is expected. | |

I, the student, have read the rules of conduct, the above evaluation of my health, and permission to participate in confirmation activities. I agree to abide by the stated personal limitations and code of conduct.

Student Signature: _____ Date: _____

PERMISSIONS

Activities may include but are not limited to both inside and outside games including physical activity and may be conducted in diverse types of weather. *Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to the church staff prior to that event.*

(Name of Child): _____ has my permission to attend all confirmation activities sponsored by **Peace Lutheran Church and Camp Luther** (Hereinafter the "Church") from **August 1, 2023 to July 31, 2024** (Effective for one year.)

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

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 the 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 all liability for any injury, loss, or damage to person or property that may occur during my/our child's involvement. If 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 suits 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 reimbursed 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/our knowledge, still be in force for the student named above. I/We also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the student ministries staff member.

Parent/Guardian Signature: _____ Date: _____

SCHOOL My child will be attending:

- _____ Peace Lutheran School
_____ _____ Public School
_____ Home school / Virtual school
_____ Other: _____

