# 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.

First Name	Middle	Last	_		
Date of Birth:	В	aptismal 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 INFORMATIO	<u>N</u>				
Parent/Guardian					
Name:		Relationship to Child:			
Check if address is same	ne as student's address.				
Address:					
Home#:	Work #:		Cellphone #:		
Church Membership:		Email:			
Parent/Guardian					
Name:	Relationship to Child:				
Check if address is same	ne as student's address.				
Address:					
Home#:	Work #:		Cellphone #:		
Church Membership:		Email:			
EMERGENCY CONTAC	[ (If guardians cannot be reach	ed.)			
Name:		onship 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/E	Explanation:			

2. Please list any medical conditions/concerns that we should be aware 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.

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 Participation with the group is expected. language.

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.

\_\_\_\_\_ has my permission to attend all confirmation (Name of Child): 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:

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ool

### **ACOLYTE PREFERENCES**

All confirmation students serve either by acolyting or on our Audio/Visual Team. By being part of the Confirmation ministry of Peace, students make a 12 month commitment to serve in their church.

**Acolytes** light & extinguish the candles and help with Communion. Acolytes are scheduled about once a month and also serve at special services (Christmas, Easter, Lent, etc.). Families give a preference of the service(s) they normally attend but are scheduled as needed.

**A/V Team** members run the computer software used in our worship services. These are also scheduled to serve about once a month plus special services.

Please indicate below if your child will be acolyting or serving on the A/V Team along with your preferred service(s). We cannot guarantee that you will always be scheduled to acolyte or serve with the A/V Team at the time you prefer. If you do not return this packet before Aug. 1<sup>st</sup> you will be scheduled as needed. Please Note: Peace will be going back to a Saturday night service at 6:00 p.m. beginning September 9, 2023.

#### CHILD'S NAME:

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MENTOR - If in 8<sup>th</sup> Grade or the Wednesday 7<sup>th</sup> Grade Class - The student's adult mentor will be:

ļ	Name		Relationship	F	Phone	Email
I	Confirmation students.	Peace is		d families	pay the oth	ed activity for all 7 <sup>th</sup> & 8 <sup>th</sup> grade er \$70. If this is a hardship for
	Fees: 7 <sup>th</sup> Grade Confirmation Camp	\$70.00	Catechism Group Picture 8X10 Flower	\$70.00 \$20.00 \$0 \$5.00		
c	Office Use only: Date reco	\$70.00	TOTAL By:	\$95.00		
т	otal Amount paid		cash		check	online
			(receipt number)	(Check ni	umber)	(reference number)