



2013-14 Confirmation Program

Lutheran Church of the Resurrection

Student's Name: _____

Birth date: _____ Age _____ Grade _____
Month Date Year

Home Address: _____
Street City zip

School: _____

Student Cell phone # _____ Ok to text reminders to student
 Cell Carrier _____

Because of the irregular schedule of confirmation Pastor Kevin sends parents/guardians weekly reminders of the activity planned for each week. This year we will offer text message reminders in addition to email reminders for those who want them. Occasionally we will send out information about other Middle School or Confirmation activities that may be of interest to the students or their families. In order to send these texts through our email system it is necessary to know the company (Verizon, USCellular, AT&T, Sprint, TMobile etc...) providing your cell service along with your cell number. If you don't want phone text reminders there is no need to provide your cell carrier information.

Parent/Guardian Name _____ email _____

Phone: _____ (cell carrier) _____

- I am interested in serving as a Small group Guide—Please contact me with more information
- I prefer to have weekly activity reminders sent to my email address
- I prefer to have weekly activity reminders sent to my phone by text

Parent/Guardian Name _____ email _____

Phone: _____ (cell carrier) _____

- I am interested in serving as a Small group Guide—Please contact me with more information
- I prefer to have weekly activity reminders sent to my email address
- I prefer to have weekly activity reminders sent to my phone by text

Address (if different than above) _____

Please list anything you feel the Confirmation Team should be aware of (physical, emotional, or spiritual issues, family history, school & learning conditions) that would be a benefit to us as we relate to your child. Resurrection's Director of Youth and Young Adult Ministry and your student's Confirmation Small Group Guide will receive a copy of this registration and release form. This information will be shared with other Resurrection Staff on a need to know basis only.

2012-13 Youth Medical Release and Consent Form

Lutheran Church of the Resurrection, Marion, Iowa

Youth Name: _____ Date of Birth: _____

Home Address: _____

Parent/Guardian (1) Name: _____

Parent/Guardian (2) Name: _____

Parent (1) Phone: (day) _____ (cell) _____ (evening) _____

Parent (2) Phone: (day) _____ (cell) _____ (evening) _____

Medical Insurance Carrier: _____ Policy Number: _____

Person with Primary Coverage: _____ Hospital Preference: _____

Family Physician: _____ Physician's Phone: _____

Emergency Contact Name: _____

(Individual needs to be someone other than the child's parents/guardians who can be contacted if the parents/guardians cannot be reached in the event of an emergency.)

Emergency Contact's Phone: (day) _____ (cell) _____ (evening) _____

Emergency Contact's Relationship to the child: _____

Authorization to Consent to Medical Treatment

I, We, the parents or legal guardians of _____, a minor, hereby authorize Lutheran Church of the Resurrection personnel to seek medical attention that may be necessary in emergency situations should they be unable to contact parents/guardians. I, We, hereby, consent to any medical treatment or care deemed necessary by medical personnel or hospital staff. The expense of such treatment is agreed to be the sole obligation of the undersigned, and Lutheran Church of the Resurrection is hereby released from responsibility to pay for such services rendered. We further agree that the Church, Church Council, Church staff and Church volunteers are relieved of all liability in the event of accident or injury.

List any allergies: (food, medications, latex, insect stings, etc.) _____

Is your child currently taking any medication? _____ if yes, please list: _____

Please list any medical conditions or concerns that would effect treatment for your child: _____

Are there any known conditions that would prevent your child from participating or engaging in any activities or events? _____

Participation and Image Consent

I/We give my consent for _____ to attend and participate in the customary youth activities at Lutheran Church of the Resurrection, 3500 29th Ave, Marion, IA and off property activities sponsored by the Church. I understand that there will be adult supervision at each event. I further understand that certain Middle School Youth and Confirmation activities (such as the Mentor Program) may present times when a lone adult is present with a minor.

I/We do _____ do not _____ give my consent for photographs and video images of my child to be used on the LCR website, classroom videos/posters, church services and/or church publications.

Signature of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____