



Student's First Name

Student's Last Name

Student's Address

Student's Email (if any)

Student's Cell Number (if any)

School Attending (in fall of 2018)

Grade (in fall 2018)

Student's Age _____ Student's Birthdate _____

Student's T-Shirt Size (Adult size; please check one) small medium large x-large 2x-large

Keep student updated by (please check all that apply) Email Text

Parent/Guardian Contact Information

Primary Contact's First Name

Primary Contact's Last Name

Primary Contact's Home Phone

Work Phone

Cell Phone

Primary Contact's Email

Keep contact updated by (please check all that apply) Email Text

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Secondary Contact's First Name

Secondary Contact's Last Name

Secondary Contact's Home Phone

Work Phone

Cell Phone

Secondary Contact's Email

Keep contact updated by (please check all that apply)

Email

Text

Emergency Contact Information

Emergency Contact's First Name

Emergency Contact's Last Name

Emergency Contact's Home Phone

Work Phone

Cell Phone

Consent for Medical Treatment and Information

In the case of a medical emergency, I understand that hospital policy requires parental permission before treatment. If a parent or guardian cannot be reached immediately, authorization for medical treatment may be granted by a pastor, paid staff member, or an adult representative of Calvary Lutheran Church who has possession of this form. With my signature below I authorize a pastor, paid staff member, or an adult representative of Calvary Lutheran Church to give consent for medical treatment should it be necessary.

Parent/Guardian Signature

Insurance/Healthcare Information

Insurance Company Name

Policy/Group Number

Insurance Company Phone Number

Insurance Primary Hospital

Student's Primary Physician

Physician's Phone Number

Allergies or Other Concerns

Does your child have any allergies, medical, academic or other accommodations in their schooling we should be aware of? (Please explain.)

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Please list any medications the student requires to carry or have access to.

Volunteering

Volunteers are vital to the success of Calvary's Confirmation ministry. Please let us know if you'd be interested in volunteering as needs arise.

Yes, I'd like to volunteer. Please contact me.

Payment

The Confirmation Registration Fee is \$50. Please attach payment with your form. Checks can be made out to Calvary Lutheran Church, with Confirmation written in the memo. Those who need financial assistance may qualify for a grant. If you feel you may qualify, please talk to Katy Tomlanovich. Thank you.

PERMISSION FORM (Good for the 2018-19 school year):

As legal guardian, I hereby give permission for my child to participate in all church related activities sponsored by Calvary Lutheran Church of Green Bay. I agree to indemnify Calvary Lutheran Church, Youth Ministers, Volunteers, and the Synod for any costs or expenses arising out of my child's participation in the activities including the cost of any medical care given my child or any expenses or fees incurred in any lawsuit arising as a result of any damage or injuries caused by my child in the course of his or her participation in the activity. I further give my consent to that in my absence the above-named minor be admitted to any hospital or medical facility for diagnosis and treatment.

I understand that all transportation will be provided by one or more of the following:

- (1) personal vehicle driven by a parent or adult (at least age 25)
- (2) rented vehicle driven by a parent or adult (at least age 25)
- (3) church vehicle driven by a parent or adult (at least age 25)

Printed name of parent/guardian

Relationship to child

Signature of parent/guardian

Thank you so much for completing this form.

Please return it with your payment to the Church Office on or before **August 31, 2018.**

If you have any questions please contact Katy Tomlanovich (katy@calvarygb.com or 494-2431).