

Hope Lutheran Church  
**CONFIRMATION**  
Registration/Waiver for 2017/2018

**Student Information** *Please save to your computer, complete, then email as an attachment to Amy Elder at [aelder@hopelutheranwf.org](mailto:aelder@hopelutheranwf.org).*

Student's Full Name: (First, Last) \_\_\_\_\_

Birth date: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Student Address: \_\_\_\_\_ City & Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Student's Cell: \_\_\_\_\_

Family Email: \_\_\_\_\_ Student's Email: \_\_\_\_\_

Member of Hope Lutheran?  No  Yes

Have you been Baptized?  No  Yes, Date: \_\_\_\_\_, Church/State: \_\_\_\_\_

Have you been Confirmed?  No  Yes, Date: \_\_\_\_\_, Church/State: \_\_\_\_\_

**Parent/Guardian Information**

Father's Name: \_\_\_\_\_

Address: (if different from student) \_\_\_\_\_ City & Zip Code: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Address: (if different from student) \_\_\_\_\_ City & Zip Code: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Siblings: (Names & Ages) \_\_\_\_\_

**Additional Information About Your Child**

List allergies and severity of reactions: \_\_\_\_\_

Additional Information (i.e.: medical concerns, special needs, or learning disabilities):  
\_\_\_\_\_  
\_\_\_\_\_

**Emergency Contact** *(if parents are unavailable)*

Name: \_\_\_\_\_ Relation to Youth: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

*(Please continue on next page)*

## Medical Release

I authorize professional medical personnel (i.e., doctors, nurses, paramedics, etc.) to provide Emergency Medical aid to my child, \_\_\_\_\_ . I recognize that my insurance will cover the medical needs.

Insurance Company & Policy Number: \_\_\_\_\_

Parent /Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Liability

Every activity sponsored by Hope Lutheran is adequately supervised; however, unforeseen events can occur. By signing this form, I agree to assume and accept all risks and hazards in related activities. I also agree not to hold Hope Lutheran, its employees and volunteers liable for damages, losses or injuries to the person or property undersigned.

Parent /Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Student Media Waiver

We promote our events by sharing pictures on our closed Facebook page. I hereby give permission for my child \_\_\_\_\_ to be filmed or photographed during youth events. If my student's picture is used for any media publication (TV, newspaper, Facebook, or the church web-site), no names will be used without parental permission.

Yes     No

Parent /Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Confirmation Program Requirements

I have read, and agree to, the confirmation Program requirements and expectations.

Yes     No

Parent /Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please return completed signed forms to the church office.*