Registration Form for Confirmation Students

(Please PRINT Clearly – Thank You!)

Name of Student _____

Student Email _____

Address _____

Student Cell Phone _____ Age _____

Grade _____ School Attending _____

Does your child require special learning interventions in the classroom? Yes No
If yes, please explain _____
_____

Allergies/Medical Condition (s) _____

Medications _____
_____

Insurance Company _____
ID # _____ Group #_____
Expiration Date _____

Parent/Guardian(s) _____

Address (if different from above) _____

Parent's Phone _____

Parent's Email _____

Parent's Work # _____ Parent's Cell # _____

Emergency Contact Person _____ Phone _____
Relationship to Student _____

Areas I will be able to help with for Confirmation:
Parent Volunteer for Fellowship Events & Retreats_____
Confirmation Guide or Helper_____
Other _____

Signature _____

Date _____

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Permissions Form

Permission Slip

I give my Permission for my child, _____, to participate in fellowship and servant events. I understand all of the events may not be on the church property. I will be notified of the event and the location prior to the event. I also give Permission for my child, _____, to get transportation in the church van to and from fellowship and servant events. I release and forever discharge St. Matthew Lutheran Church, their staff, agents, directors, trustees, employees, and other representatives from any and all damages and causes of action at law or in equity that the minor child may have as a results of my child's participation in, attendance at, and travel to and from events. I authorize, in case of an emergency and I am unable to be reached, permission for a representative of St. Matthew Lutheran Church to seek the closest emergency treatment facility if my child, _____, is in need of care.

Parent/Legal Guardian Signature _____ Date _____

Image Release

I hereby grant St. Matthew Lutheran Church permission to use my likeness in photographs, video recordings or electronic images in any and all of its publications, including website and social media entries, without payment or any other consideration. I understand and agree that these materials will become the property of the organization and will not be returned. I hereby irrevocably authorize the organization to edit, alter, copy, exhibit, publish or distribute these images for purposes of publicizing the organization's programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my image. I hereby hold harmless and release and forever discharge the organization from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I am 18 years of age and am competent to contract in my own name, or if I am under age 18, a parent or guardian has signed below. I have read this release before signing below and I fully understand the contents, meaning and impact of this release.

_____ _____

(Student Signature – 18 yrs old.) (Date)

Student Printed Name _____

If the person signing is under age 18 we would ask that that person sign but there must also be the signed consent by a parent or guardian: I hereby certify that I am the parent or guardian of _____, named above, and do hereby give my consent without reservation to the foregoing release on behalf of this person.

_____ _____

(Parent/Guardian Signature) (Date)

Parent/Guardian's Printed Name _____