



2007-2008 Confirmation Registration



Please print clearly and complete both sides of this form in its entirety.
Please return with registration fee to Trinity by August 15, 2007.

<input type="checkbox"/> Grades 7 & 8; registration fee = \$50 <input type="checkbox"/> Grade 9; registration fee = \$60 <i>Scholarships are available.</i>	Grade Fall of 2007: <input type="checkbox"/> Grade 7 <input type="checkbox"/> Grade 8 <input type="checkbox"/> Grade 9	School attending Fall of 2007:
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Youth Information

Full Name:			<input type="checkbox"/> Male	Birthdate:
First	Middle	Last	<input type="checkbox"/> Female	
Youth E-mail Address:		Youth Cell Phone:		
Address:		City:	State:	Zip Code:
Adult T-shirt Size: <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> XLarge	Trinity Member? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Interested	Youth lives with (<i>circle all that apply</i>): <input type="checkbox"/> Both Parents <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other _____		
Baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Baptism (<i>month/day/year</i>):	Site of Baptism (<i>church/city/state</i>):		
<i>If no, everyone is welcome to register and participate in the confirmation program at Trinity. However, please understand that the Rite of Confirmation service is an Affirmation of Baptism service, and therefore each youth will need to be baptized before participating in the Rite of Confirmation service (typically in May of their ninth grade year). If you have any questions or concerns about this, please contact Pastor TJ Anderson at 439-7400, ext. 120 prior to registering.</i>				
Grade 7 ONLY				
I would like to be in a group with (<i>please list one or two names only</i>):				

Parent Information

Please provide an e-mail address. Future communication regarding event details will be sent via e-mail.

Parent Name(s):	Home Phone:	Work Phone:	Cell Phone:
Address:	City:	State:	Zip Code:
Parent Name(s):	Home Phone:	Work Phone:	Cell Phone:
Address:	City:	State:	Zip Code:
Parent(s) E-mail Address(es)			

Parent and Guardian Participation

To support my child in confirmation, I will:

- Be a small group guide (leader):
 - for a specific youth's group _____
 - for any boys group
 - for any girls group
 - co-lead with _____
- Help with an event at Trinity.
- Provide cookies for an event
- Chaperone an event or trip.

Emergency Information

Emergency Contact Name:	Relationship:	Home Phone:	Work/Cell Phone:
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Health Information

Medical Insurance Company:	Policy Number:
Health Concerns:	

Promotional Release Information

I give permission for my youth's photo to be used for publicity purposes without compensation: Yes No

Parental Release Information

I am the parent/legal guardian of the participant named on this form, and hereby grant my permission for him/her to participate fully in Trinity Lutheran Church related events/trips and activities, and to be transported off-site with Trinity staff members. In the event of an emergency and I cannot be reached, I give permission for the supervising Trinity staff member or the available adult leader to sign forms that would ensure the necessary and immediate treatment of the participant. I give permission to those administering emergency treatment to do so, using those measures deemed necessary. I furthermore absolve those acting on my behalf in their regard from liability, as long as there is no gross negligence.

(Please attach a clear statement regarding the treatment of your child in the event of an emergency if different than the instructions stated in this paragraph. Please sign and date this attachment.)

Parent/Guardian Signature:	Date:
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Splash Participation Agreement

Participation in Trinity's confirmation program is a big decision to make, as it affects the entire family. As confirmation is a voluntary program, by registering, families agree to all the required components of the confirmation program (including, but not limited to, regular attendance and participation). By signing below, I agree to all the requirements and expectations of Trinity's confirmation program. I understand that any behavior that breaks an expectation will be handled in an appropriate and immediate manner. Further, I understand that alcohol, tobacco, drugs, weapons, fireworks, electronic devices, and offensive clothing are not allowed at Trinity events (and cell phones should be turned OFF). Any item deemed unacceptable, will be taken away and returned to the youth's parents or guardians at the end of the event. If the youth participant is found in possession of items illegal for minors (alcohol, tobacco, drugs, weapons, etc.) they will be sent home and by signing below, I hereby assume the transportation costs immediately returning my child home.

Youth Signature:	Date:
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For office use: Date:	Amount:	Check Number:
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Submit