

**Confirmation Student Registration: 2012-2013; Year 1  Year 2  Year 3**

Please complete all information. If you are unable to name an exact date, please indicate an approximate month and year. This information becomes your permanent record of adult membership with the church upon your Confirmation.

**Student's name:** \_\_\_\_\_  
Last/Family First Middle

Address (including postal code): \_\_\_\_\_  
\_\_\_\_\_

Home phone number: \_\_\_\_\_ Cellular phone number: \_\_\_\_\_

**Birth:** Date: \_\_\_\_\_ City: \_\_\_\_\_

**Baptism:** Date: \_\_\_\_\_ Church: \_\_\_\_\_

City: \_\_\_\_\_

Godparents / Sponsors names (from Baptism) \_\_\_\_\_  
\_\_\_\_\_

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**Parent(s) or Guardian(s):** \_\_\_\_\_

Does student reside with both parents? \_\_\_\_ Yes \_\_\_\_ No If no, with which parent does student reside? \_\_\_\_\_

Phone number of other parent: \_\_\_\_\_

Mother's Maiden Name (if using a married name): \_\_\_\_\_

Mother's work phone: \_\_\_\_\_ Father's work phone: \_\_\_\_\_

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Do you have any siblings who are right now in grade 5 or 6? If yes, please provide their name(s) and a phone number if different from your own: \_\_\_\_\_  
\_\_\_\_\_

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**Photographs**

I, the undersigned, hereby authorize the use of any pictures of my son/daughter, \_\_\_\_\_ (print name) for display, information or promotional purposes for Holy Spirit Lutheran Church.

\_\_\_\_\_  
signature of parent or guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
signature of student

## Emergency, Medical and Health Information

Parent or guardian emergency contact number(s):

1) \_\_\_\_\_ : \_\_\_\_\_  
Name

2) \_\_\_\_\_ : \_\_\_\_\_  
Name

Emergency contact for if parent cannot be reached:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Student's Alberta Health Care Number: \_\_\_\_\_

Additional Health Coverage, provider: \_\_\_\_\_

Plan number: \_\_\_\_\_

Doctor's name: \_\_\_\_\_ Doctor's phone: \_\_\_\_\_

Medical or health problems (allergies, physical concerns, special medications, special needs, etc) which would be helpful for the staff to be aware of. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If there are any personal issues or circumstances which the staff should be aware of please either speak with the Pastor, Youth Leader or Confirmation Teacher, or indicate below if you would prefer they contact you at a later time: name of contact: \_\_\_\_\_ contact number \_\_\_\_\_, best time to contact me: \_\_\_\_\_

### Waiver and Consent

On my behalf and on the behalf of \_\_\_\_\_ (print student's name), I hereby release Holy Spirit Lutheran Church, its agents, members and employees and hold them harmless from any and all liability for any accident, injury or any claim arising out of the said student's use of Holy Spirit Lutheran Church or any of its facilities, or by virtue of participation in any of its programs. In case of emergency, I understand that every effort will be made to contact me. In the event that I cannot be reached, I hereby authorize the Confirmation Teaching Staff of Holy Spirit Lutheran Church to secure medical services and advice as may be deemed necessary for the health and safety of my child.

\_\_\_\_\_  
signature of parent or guardian

\_\_\_\_\_  
Date

### Permission for Field Trips

I hereby give my permission for \_\_\_\_\_ (print student's name) to attend any field trip which is a part of the regular Confirmation program at Holy Spirit Lutheran Church.

\_\_\_\_\_  
signature of parent or guardian

\_\_\_\_\_  
Date