



FIRST LUTHERAN CHURCH

Sharing Christ's Love

2019-20 Confirmation Program Year

Name (youth):		
Parent(s) Name(s):		
Address:		Parent Email:
Phone (home):	Phone (work):	Phone (cell):
Youth Phone (cell):	Birth date:	Has your youth been baptized? Yes _____ No _____
Name of School:		Grade in School:
Allergies or other medical conditions:		
In case of emergency, contact:		
Name of Family Physician _____		Office Phone () _____
Name of Health/Accident Insurance Carriers(s) and appropriate policy certificate numbers(s):		
_____		_____
Name of Carrier		Policy Number
Medical Release:		
I (we) the undersigned parent(s) or guardian(s) of _____ a minor, do hereby authorize adult volunteers of First Lutheran Church for the undersigned to consent to any medical or surgical care deemed advisable by any accredited physician or surgeon in an approved emergency clinic or hospital. I further release from any liability First Lutheran Church any of its ministries or leaders in the event of an accident. This agreement does not apply to claims for intentional misconduct or gross negligence.		
Communications Release:		
_____ (initial) I give my permission for my photographed image (or the photographed image of my minor child named here _____), to be displayed on www.firstgeneseo.org . I understand this site is designed for both member information and community publicity purposes.		
_____ (initial) I give my permission for my full name to be displayed on the First Lutheran Church website in relation to a church ministry and/or activity. I understand this site is designed for both member information and community publicity purposes.		
_____		_____
<i>Signature (or signature of parent/guardian)</i>		<i>Date</i>