

TRINITY LUTHERAN CONFIRMATION YOUTH
REGISTRATION ~ 2023-2024

NAME _____

GRADE _____ SCHOOL _____

ADDRESS _____

Date of Birth: ____/____/____

CONTACT INFO

STUDENT PHONE: _____

STUDENT EMAIL _____

PARENT/GUARDIAN

PHONE _____

PARENT/GUARDIAN EMAIL _____

GENERAL CONSENT FORM

Please note that the information on this form is for the sole use of the youth leaders and is not available to any other individuals or groups. This means that we will not disclose any of the following information to another individual without your permission.

EMERGENCY CONTACT DETAILS

In the event of an emergency relating to your son/daughter please provide information below which we can use to contact you.

Contact 1: _____

Contact 2: _____

Email: _____

Email: _____

Phone Number: () - Phone Number: () -

Medical Information

Are there any medical conditions (i.e. allergies, epilepsy, asthma, diabetes, travel sickness, etc.) which we should be aware of?

Please give any details of special dietary needs we should be aware of (e.g. food allergies)

I, the parent or guardian, give the student permission to attend and participate in the activities of Trinity Lutheran Youth and Children Ministries

For the 2023-2024 school year. I understand that care will be taken to ensure the health, safety, and welfare of my child. I realize and accept that in the event of my child's behavior adversely affecting the safety of the activity, the organizers reserve the right to return my child home.

Name _____

Signature _____

Date ___/___/___
