

**PRINCE OF PEACE LUTHERAN CHURCH**  
**Registration Form for Confirmation 2011-2012**

**This form registers the youth named below in Confirmation activities during the 2011-2012 school year. This form will serve as health care permission for any activities on or off the Prince of Peace campus.**

(please print)

Name \_\_\_\_\_

Address \_\_\_\_\_

Street

City

State

Zip

Best email address for parents \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Baptized (Y or N) \_\_\_\_\_

Grade in School \_\_\_\_\_ Name of School \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ ID# \_\_\_\_\_

Name of Insured \_\_\_\_\_ (usually a parent/guardian)

**Parents/Guardians** (please print all applicable names)

Name \_\_\_\_\_ Home phone \_\_\_\_\_

Address (if different) \_\_\_\_\_ Work phone \_\_\_\_\_

\_\_\_\_\_ Cell phone \_\_\_\_\_

Name \_\_\_\_\_ Home phone \_\_\_\_\_

Address (if different) \_\_\_\_\_ Work phone \_\_\_\_\_

\_\_\_\_\_ Cell phone \_\_\_\_\_

Who lives in your house? \_\_\_\_\_

\_\_\_\_\_

If not available in an emergency notify (other than parents)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Home phone \_\_\_\_\_

\_\_\_\_\_

Chronic illness/conditions leaders should be aware of in an emergency:

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Allergies: \_\_\_\_\_

Any specific activities to be restricted?

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**Parent Authorization**

This permission form is correct so far as I know, and the person described has permission to engage in all youth activities, except as noted above. Prince of Peace Lutheran Church is released from any and all liability in case of accident or illness.

If I cannot be reached in the event of an EMERGENCY, I give permission to the physician or medical technician selected by Prince of Peace leadership to secure proper treatment for, hospitalize, to order injection, anesthesia or surgery for my child as named above.

Signature \_\_\_\_\_ Date \_\_\_\_\_