



2014-2015 Confirmation Registration

Please print clearly and complete both sides of this form in its entirety and return at Confirmation Orientation on Sept. 17.

Confirmation Fee: \$20/student

Grade Fall of 2014: 7 8 9

School Attending Fall of 2014: _____

Youth Information

Full Name _____

Youth e-mail address (if checked often) _____

Youth Cell phone _____

Address _____ City _____ State _____ Zip _____

Our Savior's Member: Yes No Interested

Birth date _____ Where: _____

Baptized Yes No Date and Site of Baptism _____

If no, everyone is welcome to register and participate in the confirmation program at Our Savior's. 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 the fall of their tenth grade year). If you have any questions or concerns about this, please talk to Pastor Loren prior to registering.

Parent Information

Parent Name _____

Parent e-mail address (if checked often) _____

Parent cell phone _____

Address _____ City _____ State _____ Zip _____

Parent Name _____

Parent e-mail address (if checked often) _____

Parent cell phone _____

Address _____ City _____ State _____ Zip _____

Emergency Contact

Contact Name _____

Relationship _____ Cell phone _____

Confirmation Registration Continued...

Parent and Guardian Participation

To support my child in confirmation, I will:

- Be a small group leader - for a specific youth _____
- for a specific grade _____
- co-lead for a specific grade _____

Youth Ministry Support

To support the youth ministry, I am willing to:

- Be a member of the following team - Youth Committee (meets once/month)
- Service and Learning-October 8
- Service and Learning– November 12
- Service and Learning– December 10
- Service and Learning –February 11
- Service and Learning –April 15

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 Our Savior's Lutheran Church related events/trips and activities, and to be transported off-site with Our Savior's staff members and/or volunteer adult leaders. In the event of an emergency and I cannot be reached, I give permission for the supervising Our Savior's 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.)*

I give permission for my youth's photo to be used for publicity purposes YES NO

Parent/Guardian Signature _____