

CONFIRMATION: PERMISSION TO PARTICIPATE *and other helpful information...*

Student Name: _____ Grade: _____

Date of Birth: _____ Date of Baptism: _____ (or ☐ if your student has not yet been baptized)

What school do you attend? _____

Parent Name(s): _____

Address(s): _____

Phone Number(s): _____

Home/Parent(s) Cell/Student Cell

Email Address(s): _____

Please include email address regularly checked by parent.

Katie will send reminders about upcoming events to these email addresses.

For example: "Parent/Family night this Wednesday! Please join us!"

Does your student have any allergies, medical needs, or learning needs? Please share any information that may help your student be successful in a program like Confirmation:

Student T-Shirt Size (circle one): S M L XL XXL

I give my child(ren) permission to attend events and activities with the Lutheran Church of the Good Shepherd's Confirmation Program. In case of emergency, I understand that every effort will be made to contact me. If I cannot be reached, I hereby give Lutheran Church of the Good Shepherd, its agents, employees, or representatives the permission to act on my behalf in seeking emergency treatment for my child in the event that such treatment is deemed necessary or appropriate by the Lutheran Church of the Good Shepherd representative. I give permission to those administering emergency treatment to do so using those measures deemed necessary or appropriate. I absolve Lutheran Church of the Good Shepherd, its agents, employees, or representatives from liability in acting on my behalf for the benefit of my child.

Photographs and/or other media including you and/or your child(ren) may be used for church publicity, including the church website, Facebook, church newsletter, or other materials. LCGS will not identify individuals by name in photographs used for public publicity (such as on Facebook).

Parent/Guardian Signature: _____ Date: _____