

LONG LAKE LUTHERAN CHURCH
CONFIRMATION REGISTRATION
Registration Form 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 site with Long Lake Lutheran.

(please print)

Name _____

Address _____
Street City State Zip

Best email address for parents _____

Email address for student _____

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? _____

Any special medical/learning needs/allergies that would be helpful for us to know?

Youth-One of our expectations of you is to volunteer your time in the life of the church. Please check

- | | |
|---|--|
| <input type="checkbox"/> Acolyting (lighting the candles for worship) | <input type="checkbox"/> Assist with Sunday School (9:30AM) |
| <input type="checkbox"/> 8:00AM which service preference | |
| <input type="checkbox"/> 9:30AM | |
| <input type="checkbox"/> Assist with Sunday worship | <input type="checkbox"/> Assist with Wednesday worship |
| <input type="checkbox"/> Read the lessons | <input type="checkbox"/> Set up (4:30-5:30PM) |
| <input type="checkbox"/> Work the powerpoint | <input type="checkbox"/> Play guitar |
| <input type="checkbox"/> Usher | <input type="checkbox"/> Sing up front with a group |
| <input type="checkbox"/> Greeter | <input type="checkbox"/> usher/greeter/communion for worship |

Parents-You are a critical part of making this a great experience for your young person . We hope you will participate in this ministry by volunteering. Please check any you would want to volunteer for on a one time basis or regular basis.

- | | |
|--|--|
| <input type="checkbox"/> driving for special event | <input type="checkbox"/> Join youth for dinner (5:30-6:00) Wednesdays |
| <input type="checkbox"/> assisting in setting up for youth dinner (4:45-5:45PM occasionally, Wed.) | <input type="checkbox"/> assist with fundraisers |
| <input type="checkbox"/> Attend/chaperone confirmation retreat | <input type="checkbox"/> serve as a confirmation mentor (Wed. 6:00-7:15PM) |
| <input type="checkbox"/> serve on the Youth Team | <input type="checkbox"/> Help out when IHN families are staying at church. |
| <input type="checkbox"/> Assist in setting up dinner Wed nights (4:30-6:00PM) | |

Parent Authorization

This permission form is correct, and the person described can engage in all youth activities. Long Lake 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 Long Lake Lutheran leadership to secure proper treatment for, hospitalize, to order injection, anesthesia or surgery for my child as named above.

Signature _____ Date _____

We request a \$20 donation to cover confirmation costs. Please enclose a check with your registration or indicate if you need a scholarship.

Paid _____ check/cash _____ scholarship