

**CONFIRMATION REGISTRATION FORM
2011-2012
PEACE LUTHERAN CHURCH**

8600 E. Bush Lake Road, Bloomington, MN 55438 (952) 944-6510

Name of Confirmation Student _____ Birth Date _____

School in Fall, 2011 _____ Grade in the Fall _____ E-mail address _____

Parent(s)/Guardian name _____

Primary E-mail address for confirmation news _____

Home # (____) _____ Work # (____) _____ Cell # (____) _____

Address, city & zip _____

Parent/Guardian (2) Name (if different from above) _____

Home # (____) _____ Work # (____) _____ Cell # (____) _____

Parent (2) E-mail address _____

Address, city & zip _____

Insurance company for student _____

Phone # _____ Policy # _____

Insurance company address _____

Allergies, Medications, medical concerns or other needs:

I give my permission for my son/daughter to participate in all activities during the 2011-2012 school year with Peace Lutheran Church. I will not hold the employees of Peace, or the adult volunteers, responsible for injuries that may occur while my son/daughter is participating in or being transported to/from these activities. If medical care is necessary, I grant permission for a licensed medical professional to provide necessary treatment. I expect to be contacted at the earliest opportunity.

Parent/Guardian's Signature _____ Date _____

Other ***relative*** responsible to act as guardian in my absence:

Name _____ Relationship _____ Phone # (____) _____

PLEASE RETURN COMPLETED WITH \$50.00 MADE PAYABLE TO PEACE LUTHERAN CHURCH – This form allows your child to participate in all of Peace's activities and receive medical attention if needed. If you have questions, contact Jason Kramme at (952) 944-6510

Paid: _____	Date: _____
Cash: _____	Check # _____