

**2018 – 2019 Confirmation Class  
Faith Evangelical Lutheran Church & Christ Lutheran Church (ELCA)  
Registration Form**

**Student's Name(s), Birthday, Age and Grade in school if applicable:**

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**Medical, Developmental or Social Concerns:**

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**Contact Information for Parents/Guardians/Caretakers (address, phone number & email):**

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**Check Preference for Updates:    Text \_\_\_    Voice message \_\_\_    E-mail \_\_\_**

**One thing I hope my child will discover/learn this year in Confirmation is:**

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**One thing my child/children would like to experience this year in Confirmation is:**

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**Parent Permission Form 2018-2019**  
**Faith Evangelical Lutheran Church & Christ Lutheran Church**  
**420 Read Street Walworth, WI 53184 & 228 Martin St. Sharon, WI 53585**

My child/children \_\_\_\_\_

Has my permission to participate in Confirmation Class at FELC & Christ. During this activity I can be reached at:

Address: \_\_\_\_\_ . Phone Number: \_\_\_\_\_.

I (we) further agree that I (we) will hold harmless Faith Evangelical Lutheran Church in Walworth, WI and Christ Lutheran Church in Sharon, WI, leaders, church staff and volunteers, and those participating in Confirmation, from all claims which may arise out of participation in Confirmation, including activities before and after meal and designated class time. I (we) further agree to hold harmless Faith Evangelical Lutheran Church in Walworth, WI and Christ Lutheran Church in Sharon from any and all claims which may result from any injuries or fatalities arising out of participation in this event.

In the event that my child sustains an illness or injury requiring immediate medical attention, I (we), give my/our permission to those in charge to administer and/or seek emergency medical treatment. I/we understand that this includes any hospital treatment or the administration of any medicine or drug that is so advised by a licensed physician and/or surgeon. I (we) expect to be contacted as soon as possible in the event treatment is needed.

I/we understand that a copy of this form is as valid as the original.

\_\_\_\_\_  
(Signature of Parent or Guardian)

\_\_\_\_\_  
(Signature of Parent or Guardian)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Printed Name)

Date: \_\_\_\_\_

Medical Conditions (list child's name):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current Medications (list child's name):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## 2018-2019 Photo and Video Release

Faith Evangelical Lutheran Church in Walworth, WI and Christ Lutheran Church in Sharon, WI have the opportunity to use photos and videos to promote Confirmation through newsletters, websites, press releases, social media, etc. No names will be used.

I give Faith Evangelical Lutheran Church in Walworth, WI and Christ Lutheran Church in Sharon, WI permission to include

\_\_\_\_\_ (my/our child/children)

in photos and/or videos used for informational or promotional purposes.

\_\_\_\_\_  
(Signature of Parent or Guardian)

\_\_\_\_\_  
(Signature of Parent or Guardian)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Printed Name)

Date: \_\_\_\_\_