

**2020-2021 Confirmation Registration & Emergency Release Form**

Name: \_\_\_\_\_  
Print Last, First

Student Name: \_\_\_\_\_ Home ph: \_\_\_\_\_

Baptism date \_\_\_\_/\_\_\_\_/\_\_\_\_ [Must be Baptized before Affirmation of Baptism]

Baptized at Church/City/State: \_\_\_\_\_

Student Address: \_\_\_\_\_

City, State \_\_\_\_\_ Zip Code \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother's e-mail address: \_\_\_\_\_

Mother's work phone: \_\_\_\_\_

Father's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Father's e-mail address: \_\_\_\_\_

Father's Work phone: \_\_\_\_\_

Permission to post pictures of youth on website, in the newsletter or newspaper.

Medical Insurance Company: \_\_\_\_\_

Insurance Phone: \_\_\_\_\_

Any concerns you wish to share: \_\_\_\_\_

**2020-2021 Emergency Authorization**

I, \_\_\_\_\_, am the parent or legal guardian of (child's name) \_\_\_\_\_.  
In the event of illness or accident, if I cannot be reached, I authorize the church or its agents, to consent to any diagnosis, exam, treatment, hospitalization or transportation deemed advisable for my child by and rendered under the supervision of a physician. I release the church and its agents from responsibility in case of accident or illness in connection with any church sponsored activity.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Emergency Contact other than parent: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_