



Confirmation 2009-2010

Club 9 Youth Registration

Youth Information Sheet - 9th Grade

Student Name	Phone
Address	Student E-mail
	Birth Date
City Zip	School

Parent/Guardian Name (1)	Place of Employment
Address	Work Phone
	Home Phone
City Zip	

Parent/Guardian Name (2)	Place of Employment
Address	Work Phone
	Home Phone
City Zip	

Primary E-mail	
Emergency Contact: Name	Phone Number

Confirmation Fee:

\$30 fee payable to Trinity by August 26. \$20 fee per student for families with 2 or more students in Grades 7, 8, or 9.

Office use only:	Amount paid:	Check/Cash
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See back of sheet for more info

Consent Form

As legal parent(s)/guardian(s), I(we) hereby give permission for my(our) child, _____, to attend and participate in activities sponsored by Trinity Lutheran Church. I(we) authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical, or dental diagnoses or treatment and hospital care to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnoses or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Should it be necessary for my (our) child to return home prematurely for medical, legal, behavior, or other reasons, the undersigned shall assume all expenses involved.

The undersigned also gives permission for my (our) child to be a passenger in any vehicle that has appropriate insurance coverage and is driven by appropriate persons as designated by Trinity Lutheran Church of Eau Claire, WI.

Students may be dropped off and picked up at the church entrance on Trimble Street. The undersigned indicates that I(we) acknowledge and understand that I(we) have made arrangements for my(our) child's safe trip home.

Father/Guardian Signature:

Mother/Guardian Signature:

Medical Insurance: ___yes ___no **Insurance Company:**

Group Number:

ID Number:

List any medications and medical considerations that staff and leaders should be aware of when with your child:

Special Needs Concerns: Contact a member of the Youth Ministry Team.
