



2008-2009 Confirmation Registration

Please print clearly and complete both sides of this form in its entirety. Please return to Chris Dahl at Gloria Dei by June 8, 2008.

Grade Fall of 2007: <input type="checkbox"/> Grade 6 <input type="checkbox"/> Grade 7 <input type="checkbox"/> Grade 8 <input type="checkbox"/> Grade 9	School attending Fall of 2008:
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Youth Information

Full Name: First Middle Last		<input type="checkbox"/> Male <input type="checkbox"/> Female	Youth E-mail Address (if checked often):	
			Youth Instant Messenger Name:	
Address:		City:	State:	Zip Code:
Youth Adult T-shirt Size: <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> XLarge	Gloria Dei Member? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Interested	Youth lives with (circle all that apply): <input type="checkbox"/> Both Parents <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other		
Baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Baptism (month/day/year):	Site of Baptism (church/city/state):		
<p>If no, everyone is welcome to register and participate in the confirmation program at Gloria Dei. However, please understand that the Rite of Confirmation service is an Affirmation of Baptism service, and therefore each youth will need to be baptized before participating in the Rite of Confirmation service (in the fall of their ninth grade year). If you have any questions or concerns about this, please talk to Pastor Karna Hagen member prior to registering.</p>				
Grade 6 ONLY				
I would like to be in a group with (please list one name only):				

Parent Information

Parent Name(s):	Home Phone:	Work Phone:	Cell Phone:
Address:	City:	State:	Zip Code:
Email Address:	I would like to receive the Gloria Dei Newsletter via email: Yes: _____ No: _____		
Parent Name(s):	Home Phone:	Work Phone:	Cell Phone:
Address:	City:	State:	Zip Code:

Parent and Guardian Participation

<p>Grades 6, 7 & 8</p> <p>To support my child in confirmation, I will:</p> <p><input type="checkbox"/> Be a small group guide (leader):</p> <p><input type="checkbox"/> for a specific youth's group _____</p> <p><input type="checkbox"/> for any boys group</p> <p><input type="checkbox"/> for any girls group</p> <p><input type="checkbox"/> co-lead with _____</p> <p><input type="checkbox"/> Be part of a Confirmation Vision Team (meets once every two months)</p> <p><input type="checkbox"/> Assist with 9th Grade Confirmation Sunday</p> <p><input type="checkbox"/> Provide administrative support</p>	<p>Youth Ministry Support</p> <p>To support the youth ministry, I am willing to:</p> <p><input type="checkbox"/> Be a member of the following team</p> <p><input type="checkbox"/> Soul Food Team (meets once/month)</p> <p><input type="checkbox"/> Fundraising Team (helps plan January Auction)</p> <p><input type="checkbox"/> Local Mission Team (helps plan and chaperone monthly youth service opportunities in community)</p> <p><input type="checkbox"/> Middle School Special Event Team (meets once/month, and helps chaperone certain events)</p> <p><input type="checkbox"/> Wednesday afternoon drop-in chaperone</p> <p><input type="checkbox"/> Provide cookies for an event</p>
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Emergency Information

Emergency Contact Name:	Relationship:	Home Phone:	Work/Cell Phone:
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Health Information

Medical Insurance Company:	Policy Number:
Health Concerns:	

Release Information

I am the parent/legal guardian of the participant named on this form, and hereby grant my permission for him/her to participate fully in Gloria Dei Lutheran Church related events/trips and activities, and to be transported off-site with Gloria Dei staff members and/or volunteer adult leaders. In the event of an emergency and I cannot be reached, I give permission for the supervising Gloria Dei staff member or the available adult leader to sign forms that would ensure the necessary and immediate treatment of the participant. I give permission to those administering emergency treatment to do so, using those measures deemed necessary. I furthermore absolve those acting on my behalf in their regard from liability, as long as there is no gross negligence.

(Please attach a clear statement regarding the treatment of your child in the event of an emergency if different than the instructions stated in this paragraph. Please sign and date.)

I give permission for my youth's photo to be used for publicity purposes: Yes No

Parent/Guardian Signature:	Date:
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Participation Agreement

Participation in Gloria Dei's confirmation program is a big decision to make, as it affects the entire family. As confirmation is a voluntary program, by registering, families agree to all the required components of the confirmation program (including, but not limited to, regular attendance and participation). By signing below, I agree to all the requirements and expectations of Gloria Dei's confirmation program. I understand that any behavior that breaks an expectation will be handled in an appropriate and immediate manner. Further, I understand that alcohol, tobacco, drugs, weapons, fireworks, electronic devices, and offensive clothing are not allowed at Gloria Dei events (and cell phones should be turned OFF). Any item deemed unacceptable, will be taken away and returned to the youth's parents or guardians at the end of the event. If the youth participant is found in possession of items illegal for minors (alcohol, tobacco, drugs, weapons, etc.) they will be sent home.

Youth Signature:	Date:
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For office use: Date:	Small Group Leader:	Group Location:
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