

**2016-17 First Lutheran Church  
GROWING IN GOD'S GRACE (G.I.G.G.)  
Confirmation Registration**

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Grade: \_\_\_\_\_ School: \_\_\_\_\_ Baptized: No Yes Date \_\_\_\_\_  
Student e-mail: \_\_\_\_\_ First Communion: No Yes Date \_\_\_\_\_  
Student cell: \_\_\_\_\_ / \_\_\_\_\_ Student e-mail: \_\_\_\_\_  
Mother/Guardian Name: \_\_\_\_\_ Father/Guardian Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Address (if different): \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Father Home Phone (if different): \_\_\_\_\_  
Mother cell: \_\_\_\_\_ / \_\_\_\_\_ Father cell: \_\_\_\_\_ / \_\_\_\_\_  
Mother e-mail: \_\_\_\_\_ Father e-mail: \_\_\_\_\_

**Parents**

**We ask that each family help to provide/serve a healthy meal for the students on the Wednesday evenings which include a lesson. You will be paired with another family to coordinate these meals. This year we will assign you to a date(s) unless you inform us you will not have your child eat at church.**

Why is it important for you to have your child participate in G.I.G.G.?

In what ways can you help the GIGG Confirmation ministry?

- |   |   |
|---|---|
| <input type="checkbox"/> Help as a substitute GIGG Guide              | <input type="checkbox"/> Help coordinate a social or event      |
| <input type="checkbox"/> Help with GIGG service/fellowship activities | <input type="checkbox"/> Drive for events or special activities |
| <input type="checkbox"/> Other _____                                  |   |

What would you like the pastor or GIGG Guides to know about your child?

**RELEASE**

- I release First Lutheran Church (FLC), its pastor, employees, individually and as staff, and all volunteers from liability for injury to person or damage of property that may occur as a result of my child's participation in any of the various GIGG activities at First Lutheran Church or elsewhere.
  - I give my son/daughter permission to travel to scheduled activities with the FLC Staff and designated leaders.
  - I give my permission for FLC to use images of my child in church publications, for projection purposes and on the church web page. (No names on the web site.)
- Do not use my child's image for projection purposes, in publications, or on the First Lutheran web page.

Signature of Parent/ Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### **Health Information Form**

1. List all allergies and any special precautions and treatments indicated for these allergies (e.g. foods, medications, or environmental allergies):

---

---

---

2. List Medications, food supplements, or modified diets currently being administered to your child:

---

---

---

3. Describe any other medical or non-medical concerns we should know (vegetarian diet, diabetes, physical, learning, behavioral, etc.):

---

---

---

### **Emergency Medical Authorization**

Purpose: To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under First Lutheran Confirmation Ministry's care when parents or guardians cannot be reached.

#### **Emergency contact Information**

Primary Contact's Name: \_\_\_\_\_

Relationship to Youth: \_\_\_\_\_

Daytime Phone Number(s): \_\_\_\_\_

Evening Phone Number(s): \_\_\_\_\_

Secondary Contact's Name: \_\_\_\_\_

Relationship to Youth: \_\_\_\_\_

Daytime Phone Number(s): \_\_\_\_\_

Evening Phone Number(s): \_\_\_\_\_

#### **Health Insurance Coverage**

Insurance Company: \_\_\_\_\_ Policy or Group Number: \_\_\_\_\_

Address of Insurance Company \_\_\_\_\_

Name of Person Insured: \_\_\_\_\_

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any emergency treatment deemed necessary by a licensed physician or medical care provider; and (2) the transfer of my child to another medical facility. This authorization does not cover major surgery unless the medical opinions of two licensed physicians, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery. I understand that any expenses incurred in necessary emergency (or other) treatment will be covered by the student's medical coverage or family and not by First Lutheran Church.

Name of Student: \_\_\_\_\_

Name of Parent/ Guardian: \_\_\_\_\_

Signature of Parent/ Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_