

Confirmation Retreat

Christ Church, Lutheran

On this first page, please write your child's name, and any other information that is helpful if we need to reach you during the retreat.

Child(ren)'s Name _____

Child(ren)'s Date of Birth _____ Age _____

(Fun & Games is for children grades K through 5th.)

Grade in school & Name of School: _____

Parent/Guardian Name(s) _____

Address _____

Email address _____

Parent/Guardian Phone Number H: _____

C: _____ W: _____

In case of Emergency, please contact: _____

Emergency phone number: _____

Confirmation Release Form

Christ Church, Lutheran

MEDICAL RELEASE/ACTIVITY PARTICIPATION FORM

_____ has/have permission to participate with Christ Church, Lutheran in the activity listed below:

ACTIVITY: Confirmation Retreat

LOCATION: Christ Church, Lutheran, in transit via car, Mt. Cross Ministries (Ben Lomond), other locations nearby.

DATE: October 4 – 6, 2024

KNOWN ALLERGIES (and severity):

MEDICAL CONDITIONS OR OTHER CONDITIONS THAT WE SHOULD KNOW ABOUT IN ORDER TO CARE FOR YOUR CHILD:

WHAT ELSE SHOULD WE KNOW ABOUT YOUR CHILD (such as – will your child need to take medication while at this event)?

INSURANCE INFORMATION: (Policy name, policy number)

Christ Church, Lutheran employees, contractors, and all adult volunteers are not liable for any injury that may occur. They will seek to reach you in the case of emergency. They are authorized to seek emergency medical treatment for your child(ren) as they deem necessary.

(Signature of parent or guardian)

(Date)

Permission/Medical Release Form
Event: Retreat to Mt. Cross with Confirmation Class

For your information, we expect each student to conform to these rules of conduct

- No possession or use of alcohol, drugs, or tobacco
- No students can drive
- No fighting, weapons, fireworks, lighters, or explosives
- Participation with the group is expected
- Respect property
- Respect one another, staff, and adult leaders
- Respect and comply with event schedules

Students who fail to comply with these expectations may be sent home at their parents' expense.

I, the student, have read the rules of conduct, the above evaluation of my health, and permission to participate in youth group activities. I agree to abide by the stated personal limitations and code of conduct.

Student Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____