

**REGISTRATION FOR: Adult Leader—Youth Leader—Confirmation Student**  
(circle one)

NAME: \_\_\_\_\_ SEX: M - F  
*(Last) (First) (M.I.)*

ADDRESS: \_\_\_\_\_  
*(Street) (City/State) (Zip)*

TSHIRT: (circle one) Adult size —S M L XL XXL

CONGREGATION: \_\_\_\_\_

I give my permission for \_\_\_\_\_

to participate in the Confirmands' Retreat at Brandon Spring Group Camp,  
Land--Between-the-Lakes, Tennessee, April 20-22, 2018.

\_\_\_\_\_  
*(Signature: Parent/Guardian) (Date)*

We understand that this is a once-in-a-lifetime experience and that the retreat is a valuable way for a confirmand to grow in his/her confirmation instruction. We have discussed the issue of behavior and discipline and we have agreed upon a weekend of caring and mutual respect.

\_\_\_\_\_  
*(Signature: Parent/Guardian) (Date)*

\_\_\_\_\_  
*(Signature: Confirmand) (Date)*

As Pastor to this youth, I have shared the importance of spiritual growth that can take place on the Confirmands' Retreat, and hereby certify that the above named youth should attend the retreat.

\_\_\_\_\_  
*(Signature: Pastor) (Date)*

***Please check one:***

\_\_\_\_\_ I will travel on the bus that departs from St. Paul Lutheran School at 12:00 PM, April 20.

\_\_\_\_\_ I will travel on the bus that departs from Trinity Lutheran School at 12:30 PM, April 20.

\_\_\_\_\_ I will provide my own transportation for the retreat.

# AUTHORIZATION FOR MEDICAL CARE:

EMERGENCY PROCEDURE: In the event of an emergency, and I can not be contacted, I give the following permission to the adults responsible for the supervision of my child while he/she is away from home.

\_\_\_\_\_ Yes      \_\_\_\_\_ No    I hereby authorize First Aid by a responsible individual.

\_\_\_\_\_ Yes      \_\_\_\_\_ No    I hereby consent to emergency medical care including X-ray examination, medical, dental, or surgical diagnosis, treatment, and hospital care.

\_\_\_\_\_ Yes      \_\_\_\_\_ No    I hereby authorize a physician selected by the responsible adult to hospitalize, secure proper treatment for, and order injection anesthesia, or surgery.

If any of the above were answered "No", the following procedure is to be followed:

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## EMERGENCY MEDICAL INFORMATION:

Child's Name \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Policy No. \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_

Friend/Relative \_\_\_\_\_ Phone \_\_\_\_\_

Doctor: Name \_\_\_\_\_ Phone \_\_\_\_\_

Allergies \_\_\_\_\_

Date of Last Tetanus \_\_\_\_\_

Medications Being Taken \_\_\_\_\_

Other Helpful Information \_\_\_\_\_

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\_\_\_\_\_  
(Signature: Parent/Guardian)

\_\_\_\_\_  
(Date)