



**Peace Lutheran Church  
2023 – 24 Registration Form**

<b>Parent / Guardian Information</b>						
<i>Mother / Guardian Name</i>			<i>Father / Guardian Name</i>			
<i>Phone Number(s)</i>		<i>Email</i>	<i>Phone Number(s)</i>		<i>Email</i>	
<b>Student Information</b>						
<i>Student Name (First, Middle, Last)</i>				<i>Age</i>	<i>Grade</i>	<i>Birthdate</i>
<i>Email</i>		<i>Phone Number</i>		<input type="checkbox"/> Male <input type="checkbox"/> Female	<i>School District</i>	
<i>Address</i>			<i>City, State, Zip</i>			
<i>Baptism Date</i>		<i>Baptism Sponsors</i>		<i>I have submitted a:</i> <input type="checkbox"/> Baptism or Baby Photo <input type="checkbox"/> 9 <sup>th</sup> Grade Photo		
<i>Baptism Location</i>		<i>Medical Concerns/ Allergies We Should Be Aware Of:</i>				
<b>Emergency Contact Information</b>						
<i>Please provide additional contacts in the event of an emergency and the parent(s) / guardian(s) cannot be reached.</i>						
<i>Emergency Contact (other than parent / guardian)</i>			<i>Emergency Contact (other than parent / guardian)</i>			
<i>Phone Number(s)</i>			<i>Phone Number(s)</i>			
<b>Media Release</b>						
I give permission for my child's photo, artwork, voice, video, or verbal statement to appear in printed and/or electronic publications, including, but not limited to, brochures, websites, social networking sites, newsletters, videos, etc.						
<input type="checkbox"/> I give permission <input type="checkbox"/> I do not give permission						
<b>Parental Permission Form</b>						

The undersigned parent/legal guardian hereby gives permission to Peace Lutheran Church, for the student listed above to attend and take part in activities and events sponsored by Peace Lutheran Church (including, but not limited to, the weekend retreat, servant nights, and other activities that may be scheduled). Should my child require immediate or emergency medical care, in my absence, I hereby grant the staff and/or volunteers authority to release my child for medical treatment to such medical personnel as the staff and/or volunteers determines appropriate under the circumstances.

In consideration for the privilege of allowing my child to participate in IGNITE Confirmation, I agree to release and hold harmless Peace Lutheran Church, its officers and agents, from any liability to or responsibility for bodily injury, damage, or illness to the above-identified child/children while participating in any IGNITE Confirmation activity or event. The information provided on this form is correct and up-to-date. I have notified the staff and volunteers of any medical information or conditions. Furthermore, if medical information or conditions change throughout the year, I will inform staff and volunteers of these changes.

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

