

**Confirmation Registration Form**  
*First Congregational UCC, River Falls*  
**2017-8**

Student's full name: \_\_\_\_\_  
                                    First                                    Middle                                    Last

Parent's name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Parent cell phone: \_\_\_\_\_

Youth cell phone: \_\_\_\_\_

Emergency contact: \_\_\_\_\_

Emergency phone number (or cell number ): \_\_\_\_\_

Email addresses: \_\_\_\_\_  
(for weekly update) \_\_\_\_\_

Program(circle):   Pre (6<sup>th</sup>)   Yr 1 (7<sup>th</sup>)   Yr 2 (8<sup>th</sup>)   Yr 3(9<sup>th</sup> gr)   Intern(10-12<sup>th</sup> Gr)

*Medical Information*

Name of Insurance Company: \_\_\_\_\_

Group Number: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Insurance Phone Number: \_\_\_\_\_

Allergies/Medical conditions: \_\_\_\_\_

\_\_\_\_\_

*Program Authorization*

I give the above mentioned child my permission to participate in the Confirmation Program at First Congregational Church including any travel to and from all events including trips, retreats and service projects as necessary. I authorize the adult youth leaders to obtain emergency medical assistance for my child if necessary.

Parent's signature: \_\_\_\_\_