



Trinity Lutheran Church



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CONFIRMATION REGISTRATION FORM

_____, 20__ to _____, 20__

Name of Child _____
(first) (last)

Address: _____

Age: _____ M or F Date of Birth _____

Date of Baptism: _____ Name of Church _____

School Attended _____ Grade at School _____

Parent(s) or Guardian(s) _____

Phone No. (home) _____ (cell) _____ (work) _____
(youth cell) _____

Email Address _____ Youth Email: _____

Alternate Person to Contact in Emergency _____

Relationship to youth _____ Phone No. _____

I give permission for the youth named above to participate in field trips, retreats, camps and any other off-site activities that are sponsored by Trinity Lutheran Church, Brooks, and which are offered as part of Trinity Lutheran Church's Confirmation Ministry program. Trinity Lutheran Church staff members and acting Supervisors are released from any and all liability for any accident, injury or any claim arising from participation at this event. I hereby authorize the staff/supervisors to secure medical attention for my child as deemed necessary.

Signature of parent/Legal guardian

Date signed

Signature of Youth attending

Date signed