

HIGH VOLTAGE 2007-2008

REGISTRATION FORM

STUDENT INFORMATION:

Last Name _____ First Name _____ (Male/Female)

Residence Address _____ City/Zip _____

Birth date _____ Age _____ Grade in Sept. '07 _____ Graduation Year 20 _____

Home Phone _____ Email _____

School You Attend _____ T-Shirt Size S M L XL XXL

Member of Community Lutheran? Yes _____ No _____ Not Sure _____

Have you been baptized? Yes _____, I have been baptized.
_____ No, I have not been baptized, but I understand that I need to be before I am confirmed.

PARENT INFORMATION: MOTHER/GUARDIAN

Last Name _____ First Name _____

Residence Address _____ City/Zip _____

Residence Phone _____ Work Phone _____

Cell Phone _____ Email Address _____

FATHER/GUARDIAN

Last Name _____ First Name _____

Residence Address _____ City/Zip _____

Residence Phone _____ Work Phone _____

Cell Phone _____ Email Address _____

EMERGENCY CONTACT:

Last Name _____ First Name _____

Contact Number _____ or _____

COMMUNITY LUTHERAN CHURCH
HIGH VOLTAGE CONFIRMATION MINISTRY
FAMILY MEDICAL INFORMATION
September 1, 2007 – August 31, 2008

Youth's Name _____ (Male or Female) Age _____ DOB _____

School _____ Grade Fall 2007 _____

FINANCIALLY RESPONSIBLE PERSON:

NAME _____ SS# _____
(Father, Mother, Guardian)

DRIVER'S LICENSE # _____ STATE _____

HOME ADDRESS: _____

PHONE: _____ CELL PHONE _____

BUSINESS ADDRESS _____ PHONE: _____

FAMILY HEALTH INSURANCE INFORMATION, WHICH COVERS YOUR YOUTH:

INSURANCE COMPANY _____

POLICY # _____ GROUP # _____ MEMBER # _____

AGENT'S NAME _____ PHONE# _____

AGENT'S ADDRESS _____

POLICY SUBSCRIBER'S NAME _____
(Father, Mother, Guardian)

IN CASE OF EMERGENCY AND PARENTS/GUARDIANS CANNOT BE REACHED, CONTACT:

NAME _____ PHONE _____

ADDRESS _____ RELATIONSHIP _____

MEDICAL INFORMATION

DATE OF LAST TETANUS SHOT _____

KNOWN ALLERGIES TO FOOD / MEDICATIONS _____

MEDICATIONS / DIRECTIONS CURRENTLY TAKING:

MEDICATION	REASON	DIRECTIONS
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HOSPITAL PREFERRED _____

DOCTOR _____ PHONE _____

OTHER MEDICAL INFORMATION THAT MIGHT BE USEFUL:
Physical or Mental problems, Recent Surgeries, Etc.