



Join Us on the Journey

Harmony UMC Youth Group

Confirmation

Registration Form

To participate in the Youth Mission Trip, youth must be currently enrolled in grade 8 or higher.

Participant Name: _____

Current School & Grade: _____ Birth Date: _____

T-Shirt Size (adult sizes): _____S _____M _____L _____XL _____XXL

Parent/Guardian: _____

Address: _____ City, State, Zip: _____

Occupation: _____

Phone Number: _____ Work Phone Number: _____

Cell Phone Number: _____ Parent E-mail Address: _____

DATE OF BAPTISM: _____ (Church/Town/State) _____

As a confirmand, I, _____ commit to attending confirmation classes, missing no more than 3, attending worship on a regular basis, participating in youth group 4 times, taking part in mission projects, attending confirmation retreat, and praying.

After completing the confirmation program I will have the opportunity to stand before the congregation and take the vows of confirmation. I understand that I may choose to be confirmed or to not be confirmed and that this decision belongs to me.

Youth Signature: _____ Date: _____

As parent/guardian of, _____ I commit to supporting and nurturing confirmand, praying for confirmand, being ready and willing to listen to confirmand, and keeping my family involved in the life and ministries of the church.

Parent/Guardian Signature: _____ Date: _____

(Turn in form with \$125, includes all supplies for confirmation and confirmation retreat fees. If scholarship is needed check this box:)

Medical Information & Release Form

Confirmation Retreat

Participant _____
(please PRINT)

Address _____
(street address)

_____ (city)

_____ (state)

_____ (zip code)

Home Phone (____) ____-____ Cell (____) ____-____ Work (____) ____-____

Date of Birth _____

Person to contact in case of Emergency _____ Relationship _____

Home Phone (____) ____-____ Cell (____) ____-____ Work (____) ____-____

Family Doctor _____ Phone No. (____) ____-____

Health Insurance Company _____

Policy Number _____ Phone No. (____) ____-____

Personal Medical Information

Significant Allergies _____

Medical History _____

Current Medications _____

Dietary Restrictions _____

Date of last tetanus booster (must be current to participate): _____

In the event I am unable to communicate for myself, I hereby authorize emergency medical treatment, surgery, or dental care to be given as considered advisable or necessary in the judgment of an emergency medical professional or attending physician.

(Participant Signature; IF MINOR, then parent or guardian signature)

(Date)