## Confirmation Registration 2019-2020



Youth's Name:	Middle Last
	er:
Year in Confirmation: 1 2 3 Grad	le: School:
Church Membership: St. Mark other:	
Are you Baptized? yes no Where?	
Have you received your First Communion?	yes no
\$30 registration fee paid?	
Youth Email Address:	Youth Cell #:
Primary Mailing Address:	
	Relationship:
Email:	Cell #:
Parent #2 Name:	Relationship:
Email:	Cell #:
Is there any specific information you would concerns, accommodations, etc.)	d like to provide about your child? (special needs,
organized or sponsored by St. Mark Lutheran Chur release St. Mark from any liability due to accident or release and hold St. Mark, and its agents or anyone or suits arising from their conduct to the full extent related travel, including the authorization and prove Photo Release	nd participate in Confirmation and youth acitivites being ch. I/we understand the nature of these events and do hereby or injury incurred by my/our child(ren). I/we further agree to acting on its behalf, free and harmless of any claims, demands, a permitted by Minnesota law in conjunction with any event or ision of medical treatment.  os of my/our child(ren) in any St. Mark publication and/or
Parent/Guardian Signature:	Date