**Peace Lutheran Church**

**2020 – 21 Registration Form**

|  |
| --- |
| **Parent / Guardian Information** |
| *Mother / Guardian Name*Colette Thorson | *Father / Guardian Name*Andrew Thorson |
| *Phone Number(s)*(320) 980-0058 | *Email*tlcthorson@gmail.com | *Phone Number(s)*(320) 980-0007 | *Email*tlcthorson@gmail.com |
| **Student Information** |
| *Student Name (First, Middle, Last)*Victoria \_\_\_\_\_\_\_\_\_\_\_\_\_ Thorson | *Age*13 | *Grade*7 | *Birthdate*August 2, 2007 |
| *Email*victoria.thorson@hlwwschool.org | *Phone Number* | ❑ Male🗷 Female | *School District*HLWW |
| *Address*5822 County Road 30 Southwest | *City, State, Zip*Waverly, MN 55390 |
| *Baptism Date* | *Confirmation Bible Verse* | *Baptism Sponsors* |
| *Baptism Location* | *I have submitted a:*❑ Baptism or Baby Photo❑ 9th Grade Photo  |
| **Emergency Contact Information***Please provide additional contacts in the event of an emergency and the parent(s) / guardian(s) cannot be reached.*  |
| *Emergency Contact (other than parent / guardian)*Linda Diers, Grandma | *Emergency Contact (other than parent / guardian)* Stephanie Mutterer |
| *Phone Number(s)*(320) 453-3002 | *Phone Number(s)* (612) 532-0460 |
| **Media Release** |
| I give permission for my child’s photo, artwork, voice, video, or verbal statement to appear in printed and/or electronic publications, including, but not limited to, brochures, websites, social networking sites, newsletters, videos, etc.❑ I give permission❑ I do not give permission |
| **Parental Permission Form** |
| The undersigned parent/legal guardian hereby gives permission to Peace Lutheran Church, for the student listed above to attend and take part in activities and events sponsored by Peace Lutheran Church (including, but not limited to, the weekend retreat, servant nights, and other activities that may be scheduled). Should my child require immediate or emergency medical care, in my absence, I hereby grant the staff and/or volunteers authority to release my child for medical treatment to such medical personnel as the staff and/or volunteers determines appropriate under the circumstances. In consideration for the privilege of allowing my child to participate in IGNITE Confirmation, I agree to release and hold harmless Peace Lutheran Church, its officers and agents, from any liability to or responsibility for bodily injury, damage, or illness to the above-identified child/children while participating in any IGNITE Confirmation activity or event. The information provided on this form is correct and up-to-date. I have notified the staff and volunteers of any medical information or conditions. Furthermore, if medical information or conditions change throughout the year, I will inform staff and volunteers of these changes.Parent/guardian signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Peace Lutheran Church**

**2020 – 21 Registration Form**

|  |
| --- |
| **Parent / Guardian Information** |
| *Mother / Guardian Name*Heather Hanson | *Father / Guardian Name*Kris Hanson |
| *Phone Number(s)*(612)702-8027 | *Email*Heatherhans18@yahoo.com | *Phone Number(s)*(612) 702-3609 | *Email* |
| **Student Information** |
| *Student Name (First, Middle, Last)*Emily Grace Hanson | *Age*14 | *Grade*9 | *Birthdate*September 21, 2005 |
| *Email*hansonemilygrace@gmail.com | *Phone Number*(612) 426-8579 | 🗷 Male❑ Female | *School District*Watertown-Mayer |
| *Address*14950 – 50th Street | *City, State, Zip*Mayer, MN 55360 |
| *Baptism Date*October 23, 2005 | *Confirmation Bible Verse* | *Baptism Sponsors* |
| *Baptism Location* | *I have submitted a:*❑ Baptism or Baby Photo❑ 9th Grade Photo |
| **Emergency Contact Information***Please provide additional contacts in the event of an emergency and the parent(s) / guardian(s) cannot be reached.*  |
| *Emergency Contact (other than parent / guardian)* | *Emergency Contact (other than parent / guardian)* |
| *Phone Number(s)* | *Phone Number(s)* |
| **Media Release** |
| I give permission for my child’s photo, artwork, voice, video, or verbal statement to appear in printed and/or electronic publications, including, but not limited to, brochures, websites, social networking sites, newsletters, videos, etc.❑ I give permission❑ I do not give permission |
| **Parental Permission Form** |
| The undersigned parent/legal guardian hereby gives permission to Peace Lutheran Church, for the student listed above to attend and take part in activities and events sponsored by Peace Lutheran Church (including, but not limited to, the weekend retreat, servant nights, and other activities that may be scheduled). Should my child require immediate or emergency medical care, in my absence, I hereby grant the staff and/or volunteers authority to release my child for medical treatment to such medical personnel as the staff and/or volunteers determines appropriate under the circumstances. In consideration for the privilege of allowing my child to participate in IGNITE Confirmation, I agree to release and hold harmless Peace Lutheran Church, its officers and agents, from any liability to or responsibility for bodily injury, damage, or illness to the above-identified child/children while participating in any IGNITE Confirmation activity or event. The information provided on this form is correct and up-to-date. I have notified the staff and volunteers of any medical information or conditions. Furthermore, if medical information or conditions change throughout the year, I will inform staff and volunteers of these changes.Parent/guardian signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Peace Lutheran Church**

**2020 – 21 Registration Form**

|  |
| --- |
| **Parent / Guardian Information** |
| *Mother / Guardian Name*Heather Heun | *Father / Guardian Name*Tim Heun |
| *Phone Number(s)*(952) 807-6593 | *Email*theun5117@charter.net | *Phone Number(s)*(952) 905-6100 | *Email*theun5117@charter.net |
| **Student Information** |
| *Student Name (First, Middle, Last)*Ava Patrice Heun | *Age*14 | *Grade*9 | *Birthdate*June 22, 2006 |
| *Email*Theun5117@charter.net | *Phone Number*(612) 413-0575 | ❑ Male⌧ Female | *School District*Watertown-Mayer |
| *Address*355 Geranium Drive | *City, State, Zip*Watertown, MN 55388 |
| *Baptism Date*July 23, 2006 | *Confirmation Bible Verse* | *Baptism Sponsors*Jeff & Amy Lofgren |
| *Baptism Location*Messiah Lutheran - Lincoln, NE | *I have submitted a:*❑ Baptism or Baby Photo❑ 9th Grade Photo |
| **Emergency Contact Information***Please provide additional contacts in the event of an emergency and the parent(s) / guardian(s) cannot be reached.*  |
| *Emergency Contact (other than parent / guardian)*Amy Lofgren | *Emergency Contact (other than parent / guardian)*Gae Lueck |
| *Phone Number(s)*(402) 525-4127 | *Phone Number(s)*(612) 790-4207 |
| **Media Release** |
| I give permission for my child’s photo, artwork, voice, video, or verbal statement to appear in printed and/or electronic publications, including, but not limited to, brochures, websites, social networking sites, newsletters, videos, etc.❑ I give permission❑ I do not give permission |
| **Parental Permission Form** |
| The undersigned parent/legal guardian hereby gives permission to Peace Lutheran Church, for the student listed above to attend and take part in activities and events sponsored by Peace Lutheran Church (including, but not limited to, the weekend retreat, servant nights, and other activities that may be scheduled). Should my child require immediate or emergency medical care, in my absence, I hereby grant the staff and/or volunteers authority to release my child for medical treatment to such medical personnel as the staff and/or volunteers determines appropriate under the circumstances. In consideration for the privilege of allowing my child to participate in IGNITE Confirmation, I agree to release and hold harmless Peace Lutheran Church, its officers and agents, from any liability to or responsibility for bodily injury, damage, or illness to the above-identified child/children while participating in any IGNITE Confirmation activity or event. The information provided on this form is correct and up-to-date. I have notified the staff and volunteers of any medical information or conditions. Furthermore, if medical information or conditions change throughout the year, I will inform staff and volunteers of these changes.Parent/guardian signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Peace Lutheran Church**

**2020 – 21 Registration Form**

|  |
| --- |
| **Parent / Guardian Information** |
| *Mother / Guardian Name*Karilyn Pawelk | *Father / Guardian Name*Jesse Pawelk |
| *Phone Number(s)*(651) 249-3984 | *Email*pawelkfamily@hotmail.com | *Phone Number(s)*(651) 249-3984 | *Email*pawelkfamily@hotmail.com |
| **Student Information** |
| *Student Name (First, Middle, Last)*Jackson Dean Pawelk | *Age*14 | *Grade*9 | *Birthdate*April 1, 2006 |
| *Email* | *Phone Number* | ⌧ Male❑ Female | *School District*Delano High School |
| *Address*1175 Third Street Southwest | *City, State, Zip*Delano, MN 55328 |
| *Baptism Date* | *Confirmation Bible Verse* | *Baptism Sponsors* |
| *Baptism Location* | *I have submitted a:*❑ Baptism or Baby Photo❑ 9th Grade Photo |
| **Emergency Contact Information***Please provide additional contacts in the event of an emergency and the parent(s) / guardian(s) cannot be reached.*  |
| *Emergency Contact (other than parent / guardian)* | *Emergency Contact (other than parent / guardian)* |
| *Phone Number(s)* | *Phone Number(s)* |
| **Media Release** |
| I give permission for my child’s photo, artwork, voice, video, or verbal statement to appear in printed and/or electronic publications, including, but not limited to, brochures, websites, social networking sites, newsletters, videos, etc.❑ I give permission❑ I do not give permission |
| **Parental Permission Form** |
| The undersigned parent/legal guardian hereby gives permission to Peace Lutheran Church, for the student listed above to attend and take part in activities and events sponsored by Peace Lutheran Church (including, but not limited to, the weekend retreat, servant nights, and other activities that may be scheduled). Should my child require immediate or emergency medical care, in my absence, I hereby grant the staff and/or volunteers authority to release my child for medical treatment to such medical personnel as the staff and/or volunteers determines appropriate under the circumstances. In consideration for the privilege of allowing my child to participate in IGNITE Confirmation, I agree to release and hold harmless Peace Lutheran Church, its officers and agents, from any liability to or responsibility for bodily injury, damage, or illness to the above-identified child/children while participating in any IGNITE Confirmation activity or event. The information provided on this form is correct and up-to-date. I have notified the staff and volunteers of any medical information or conditions. Furthermore, if medical information or conditions change throughout the year, I will inform staff and volunteers of these changes.Parent/guardian signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Peace Lutheran Church**

**2020 – 21 Registration Form**

|  |
| --- |
| **Parent / Guardian Information** |
| *Mother / Guardian Name*Nycole Anderson | *Father / Guardian Name*Adam Anderson |
| *Phone Number(s)*(612) 481-9688 | *Email*nycoleanderson@yahoo.com | *Phone Number(s)*(612) 481-9686 | *Email* |
| **Student Information** |
| *Student Name (First, Middle, Last)*Dylan \_\_\_\_\_\_\_\_\_\_\_\_ Anderson | *Age*14 | *Grade*9th | *Birthdate*September 16, 2005 |
| *Email* | *Phone Number* | ⌧ Male❑ Female | *School District*Watertown-Mayer |
| *Address*239 Verbena Drive | *City, State, Zip*Watertown, MN 55388 |
| *Baptism Date* | *Confirmation Bible Verse*1 Corinthians 16:13 | *Baptism Sponsors*Brandi KoenigBen Anderson |
| *Baptism Location*St. John’s LutheranPlato, MN | *I have submitted a:*⌧ Baptism or Baby Photo❑ 9th Grade Photo |
| **Emergency Contact Information***Please provide additional contacts in the event of an emergency and the parent(s) / guardian(s) cannot be reached.*  |
| *Emergency Contact (other than parent / guardian)* | *Emergency Contact (other than parent / guardian)* |
| *Phone Number(s)* | *Phone Number(s)* |
| **Media Release** |
| I give permission for my child’s photo, artwork, voice, video, or verbal statement to appear in printed and/or electronic publications, including, but not limited to, brochures, websites, social networking sites, newsletters, videos, etc.❑ I give permission❑ I do not give permission |
| **Parental Permission Form** |
| The undersigned parent/legal guardian hereby gives permission to Peace Lutheran Church, for the student listed above to attend and take part in activities and events sponsored by Peace Lutheran Church (including, but not limited to, the weekend retreat, servant nights, and other activities that may be scheduled). Should my child require immediate or emergency medical care, in my absence, I hereby grant the staff and/or volunteers authority to release my child for medical treatment to such medical personnel as the staff and/or volunteers determines appropriate under the circumstances. In consideration for the privilege of allowing my child to participate in IGNITE Confirmation, I agree to release and hold harmless Peace Lutheran Church, its officers and agents, from any liability to or responsibility for bodily injury, damage, or illness to the above-identified child/children while participating in any IGNITE Confirmation activity or event. The information provided on this form is correct and up-to-date. I have notified the staff and volunteers of any medical information or conditions. Furthermore, if medical information or conditions change throughout the year, I will inform staff and volunteers of these changes.Parent/guardian signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Peace Lutheran Church**

**2020 – 21 Registration Form**

|  |
| --- |
| **Parent / Guardian Information** |
| *Mother / Guardian Name*Jessica Bogema-Baumann | *Father / Guardian Name*Jeremy Baumann |
| *Phone Number(s)*(952) 200-6093 | *Email*jabaumann81@gmail.com | *Phone Number(s)*(952) 994-2435 | *Email*jeremy21baum@gmail.com |
| **Student Information** |
| *Student Name (First, Middle, Last)*Sophia Rae Baumann | *Age*13 | *Grade*8th | *Birthdate*March 10, 2007 |
| *Email* | *Phone Number* | ❑ Male⌧ Female | *School District*Watertown-Mayer |
| *Address*124 Fourth Street North | *City, State, Zip*Delano, MN 55328 |
| *Baptism Date* | *Confirmation Bible Verse* | *Baptism Sponsors* |
| *Baptism Location* | *I have submitted a:*❑ Baptism or Baby Photo❑ 9th Grade Photo |
| **Emergency Contact Information***Please provide additional contacts in the event of an emergency and the parent(s) / guardian(s) cannot be reached.*  |
| *Emergency Contact (other than parent / guardian)*Debbie Bogema | *Emergency Contact (other than parent / guardian)*Cheryl Baumann |
| *Phone Number(s)*(612) 695-8086 | *Phone Number(s)*(952) 393-5072 |
| **Media Release** |
| I give permission for my child’s photo, artwork, voice, video, or verbal statement to appear in printed and/or electronic publications, including, but not limited to, brochures, websites, social networking sites, newsletters, videos, etc.❑ I give permission❑ I do not give permission |
| **Parental Permission Form** |
| The undersigned parent/legal guardian hereby gives permission to Peace Lutheran Church, for the student listed above to attend and take part in activities and events sponsored by Peace Lutheran Church (including, but not limited to, the weekend retreat, servant nights, and other activities that may be scheduled). Should my child require immediate or emergency medical care, in my absence, I hereby grant the staff and/or volunteers authority to release my child for medical treatment to such medical personnel as the staff and/or volunteers determines appropriate under the circumstances. In consideration for the privilege of allowing my child to participate in IGNITE Confirmation, I agree to release and hold harmless Peace Lutheran Church, its officers and agents, from any liability to or responsibility for bodily injury, damage, or illness to the above-identified child/children while participating in any IGNITE Confirmation activity or event. The information provided on this form is correct and up-to-date. I have notified the staff and volunteers of any medical information or conditions. Furthermore, if medical information or conditions change throughout the year, I will inform staff and volunteers of these changes.Parent/guardian signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Peace Lutheran Church**

**2020 – 21 Registration Form**

|  |
| --- |
| **Parent / Guardian Information** |
| *Mother / Guardian Name*Tracey Williams | *Father / Guardian Name*Cliff Enfinger |
| *Phone Number(s)*(952) 594-1391 | *Email*Traceyee316@gmail.com | *Phone Number(s)*(952) 484-8274 | *Email*Traceyee316@gmail.com |
| **Student Information** |
| *Student Name (First, Middle, Last)*Aidan \_\_\_\_\_\_\_ Williams | *Age*13 | *Grade*8th | *Birthdate*May 20, 2007 |
| *Email* | *Phone Number* | ⌧ Male❑ Female | *School District*Watertown-Mayer |
| *Address*1451 Peitz Avenue | *City, State, Zip*Waconia, MN 55387 |
| *Baptism Date* | *Confirmation Bible Verse* | *Baptism Sponsors* |
| *Baptism Location* | *I have submitted a:*❑ Baptism or Baby Photo❑ 9th Grade Photo |
| **Emergency Contact Information***Please provide additional contacts in the event of an emergency and the parent(s) / guardian(s) cannot be reached.*  |
| *Emergency Contact (other than parent / guardian)* | *Emergency Contact (other than parent / guardian)* |
| *Phone Number(s)* | *Phone Number(s)* |
| **Media Release** |
| I give permission for my child’s photo, artwork, voice, video, or verbal statement to appear in printed and/or electronic publications, including, but not limited to, brochures, websites, social networking sites, newsletters, videos, etc.❑ I give permission❑ I do not give permission |
| **Parental Permission Form** |
| The undersigned parent/legal guardian hereby gives permission to Peace Lutheran Church, for the student listed above to attend and take part in activities and events sponsored by Peace Lutheran Church (including, but not limited to, the weekend retreat, servant nights, and other activities that may be scheduled). Should my child require immediate or emergency medical care, in my absence, I hereby grant the staff and/or volunteers authority to release my child for medical treatment to such medical personnel as the staff and/or volunteers determines appropriate under the circumstances. In consideration for the privilege of allowing my child to participate in IGNITE Confirmation, I agree to release and hold harmless Peace Lutheran Church, its officers and agents, from any liability to or responsibility for bodily injury, damage, or illness to the above-identified child/children while participating in any IGNITE Confirmation activity or event. The information provided on this form is correct and up-to-date. I have notified the staff and volunteers of any medical information or conditions. Furthermore, if medical information or conditions change throughout the year, I will inform staff and volunteers of these changes.Parent/guardian signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Peace Lutheran Church**

**2020 – 21 Registration Form**

|  |
| --- |
| **Parent / Guardian Information** |
| *Mother / Guardian Name*Nicole Johnsrud | *Father / Guardian Name*Andy Johnsrud |
| *Phone Number(s)*(612) 799-5099 | *Email*nicole@tchometeam.com | *Phone Number(s)*(612) 703-2253 | *Email*andyjohnsrud@lecybros.com |
| **Student Information** |
| *Student Name (First, Middle, Last)*Tristan \_\_\_\_\_\_ Johnsrud | *Age*12 | *Grade*7th | *Birthdate*January 18, 2008 |
| *Email* | *Phone Number* | ⌧ Male❑ Female | *School District*Home school |
| *Address*3250 County Road 10 N | *City, State, Zip*Watertown, MN 55388 |
| *Baptism Date*March 2, 2008 | *Confirmation Bible Verse* | *Baptism Sponsors* |
| *Baptism Location* | *I have submitted a:*❑ Baptism or Baby Photo❑ 9th Grade Photo |
| **Emergency Contact Information***Please provide additional contacts in the event of an emergency and the parent(s) / guardian(s) cannot be reached.*  |
| *Emergency Contact (other than parent / guardian)* | *Emergency Contact (other than parent / guardian)* |
| *Phone Number(s)* | *Phone Number(s)* |
| **Media Release** |
| I give permission for my child’s photo, artwork, voice, video, or verbal statement to appear in printed and/or electronic publications, including, but not limited to, brochures, websites, social networking sites, newsletters, videos, etc.❑ I give permission❑ I do not give permission |
| **Parental Permission Form** |
| The undersigned parent/legal guardian hereby gives permission to Peace Lutheran Church, for the student listed above to attend and take part in activities and events sponsored by Peace Lutheran Church (including, but not limited to, the weekend retreat, servant nights, and other activities that may be scheduled). Should my child require immediate or emergency medical care, in my absence, I hereby grant the staff and/or volunteers authority to release my child for medical treatment to such medical personnel as the staff and/or volunteers determines appropriate under the circumstances. In consideration for the privilege of allowing my child to participate in IGNITE Confirmation, I agree to release and hold harmless Peace Lutheran Church, its officers and agents, from any liability to or responsibility for bodily injury, damage, or illness to the above-identified child/children while participating in any IGNITE Confirmation activity or event. The information provided on this form is correct and up-to-date. I have notified the staff and volunteers of any medical information or conditions. Furthermore, if medical information or conditions change throughout the year, I will inform staff and volunteers of these changes.Parent/guardian signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Peace Lutheran Church**

**2020 – 21 Registration Form**

|  |
| --- |
| **Parent / Guardian Information** |
| *Mother / Guardian Name*Kacie Mullaney | *Father / Guardian Name*Bob Mullaney |
| *Phone Number(s)*(763) 381-1069 | *Email*Brooks\_kacie@yahoo.com | *Phone Number(s)*(612) 203-9609 | *Email*Mull0314@umn.edu |
| **Student Information** |
| *Student Name (First, Middle, Last)*Gabriella Rose Mullaney | *Age*12 | *Grade*7th | *Birthdate*March 5, 2008 |
| *Email* | *Phone Number* | ❑ Male⌧ Female | *School District* |
| *Address*6471 Willow Court | *City, State, Zip*Mound, MN 55364 |
| *Baptism Date* | *Confirmation Bible Verse* | *Baptism Sponsors* |
| *Baptism Location* | *I have submitted a:*❑ Baptism or Baby Photo❑ 9th Grade Photo |
| **Emergency Contact Information***Please provide additional contacts in the event of an emergency and the parent(s) / guardian(s) cannot be reached.*  |
| *Emergency Contact (other than parent / guardian)* | *Emergency Contact (other than parent / guardian)* |
| *Phone Number(s)* | *Phone Number(s)* |
| **Media Release** |
| I give permission for my child’s photo, artwork, voice, video, or verbal statement to appear in printed and/or electronic publications, including, but not limited to, brochures, websites, social networking sites, newsletters, videos, etc.❑ I give permission❑ I do not give permission |
| **Parental Permission Form** |
| The undersigned parent/legal guardian hereby gives permission to Peace Lutheran Church, for the student listed above to attend and take part in activities and events sponsored by Peace Lutheran Church (including, but not limited to, the weekend retreat, servant nights, and other activities that may be scheduled). Should my child require immediate or emergency medical care, in my absence, I hereby grant the staff and/or volunteers authority to release my child for medical treatment to such medical personnel as the staff and/or volunteers determines appropriate under the circumstances. In consideration for the privilege of allowing my child to participate in IGNITE Confirmation, I agree to release and hold harmless Peace Lutheran Church, its officers and agents, from any liability to or responsibility for bodily injury, damage, or illness to the above-identified child/children while participating in any IGNITE Confirmation activity or event. The information provided on this form is correct and up-to-date. I have notified the staff and volunteers of any medical information or conditions. Furthermore, if medical information or conditions change throughout the year, I will inform staff and volunteers of these changes.Parent/guardian signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Peace Lutheran Church**

**2020 – 21 Registration Form**

|  |
| --- |
| **Parent / Guardian Information** |
| *Mother / Guardian Name*Kari Hansen | *Father / Guardian Name*Leif Pederson |
| *Phone Number(s)*(612) 916-6490 | *Email*Kari0673@aol.com | *Phone Number(s)*(612) 554-1632 | *Email*leifpederson@me.com |
| **Student Information** |
| *Student Name (First, Middle, Last)*Sophia \_\_\_\_\_\_\_ Pederson | *Age*12 | *Grade*7th | *Birthdate*January 18, 2008 |
| *Email* | *Phone Number* | ❑ Male⌧ Female | *School District* |
| *Address*577 County Road 112 SW | *City, State, Zip*Montrose, MN 55363 |
| *Baptism Date*May 18, 2008 | *Confirmation Bible Verse* | *Baptism Sponsors* |
| *Baptism Location* | *I have submitted a:*❑ Baptism or Baby Photo❑ 9th Grade Photo |
| **Emergency Contact Information***Please provide additional contacts in the event of an emergency and the parent(s) / guardian(s) cannot be reached.*  |
| *Emergency Contact (other than parent / guardian)* | *Emergency Contact (other than parent / guardian)* |
| *Phone Number(s)* | *Phone Number(s)* |
| **Media Release** |
| I give permission for my child’s photo, artwork, voice, video, or verbal statement to appear in printed and/or electronic publications, including, but not limited to, brochures, websites, social networking sites, newsletters, videos, etc.❑ I give permission❑ I do not give permission |
| **Parental Permission Form** |
| The undersigned parent/legal guardian hereby gives permission to Peace Lutheran Church, for the student listed above to attend and take part in activities and events sponsored by Peace Lutheran Church (including, but not limited to, the weekend retreat, servant nights, and other activities that may be scheduled). Should my child require immediate or emergency medical care, in my absence, I hereby grant the staff and/or volunteers authority to release my child for medical treatment to such medical personnel as the staff and/or volunteers determines appropriate under the circumstances. In consideration for the privilege of allowing my child to participate in IGNITE Confirmation, I agree to release and hold harmless Peace Lutheran Church, its officers and agents, from any liability to or responsibility for bodily injury, damage, or illness to the above-identified child/children while participating in any IGNITE Confirmation activity or event. The information provided on this form is correct and up-to-date. I have notified the staff and volunteers of any medical information or conditions. Furthermore, if medical information or conditions change throughout the year, I will inform staff and volunteers of these changes.Parent/guardian signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Peace Lutheran Church**

**2020 – 21 Registration Form**

|  |
| --- |
| **Parent / Guardian Information** |
| *Mother / Guardian Name*Tricia Rupp | *Father / Guardian Name*Mike Rupp |
| *Phone Number(s)*(952) 240-5957 | *Email*trupp1009@gmail.com | *Phone Number(s)*(612) 616-4682 | *Email*mrupp@tcoscorp.com |
| **Student Information** |
| *Student Name (First, Middle, Last)*Marcus Richard Rupp | *Age*13 | *Grade*8th | *Birthdate*October 2, 2006 |
| *Email* | *Phone Number* | ⌧ Male❑ Female | *School District*Watertown-Mayer |
| *Address*924 Dutchmans Way Southeast | *City, State, Zip*Watertown, MN 55388 |
| *Baptism Date*November 12, 2006 | *Confirmation Bible Verse* | *Baptism Sponsors* |
| *Baptism Location* | *I have submitted a:*❑ Baptism or Baby Photo❑ 9th Grade Photo |
| **Emergency Contact Information***Please provide additional contacts in the event of an emergency and the parent(s) / guardian(s) cannot be reached.*  |
| *Emergency Contact (other than parent / guardian)* | *Emergency Contact (other than parent / guardian)* |
| *Phone Number(s)* | *Phone Number(s)* |
| **Media Release** |
| I give permission for my child’s photo, artwork, voice, video, or verbal statement to appear in printed and/or electronic publications, including, but not limited to, brochures, websites, social networking sites, newsletters, videos, etc.❑ I give permission❑ I do not give permission |
| **Parental Permission Form** |
| The undersigned parent/legal guardian hereby gives permission to Peace Lutheran Church, for the student listed above to attend and take part in activities and events sponsored by Peace Lutheran Church (including, but not limited to, the weekend retreat, servant nights, and other activities that may be scheduled). Should my child require immediate or emergency medical care, in my absence, I hereby grant the staff and/or volunteers authority to release my child for medical treatment to such medical personnel as the staff and/or volunteers determines appropriate under the circumstances. In consideration for the privilege of allowing my child to participate in IGNITE Confirmation, I agree to release and hold harmless Peace Lutheran Church, its officers and agents, from any liability to or responsibility for bodily injury, damage, or illness to the above-identified child/children while participating in any IGNITE Confirmation activity or event. The information provided on this form is correct and up-to-date. I have notified the staff and volunteers of any medical information or conditions. Furthermore, if medical information or conditions change throughout the year, I will inform staff and volunteers of these changes.Parent/guardian signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Peace Lutheran Church**

**2020 – 21 Registration Form**

|  |
| --- |
| **Parent / Guardian Information** |
| *Mother / Guardian Name*Nikki McClurg | *Father / Guardian Name*Dylan McClurg |
| *Phone Number(s)*(612) 710-5399 | *Email*ntlobitz@yahoo.com | *Phone Number(s)*(701) 934-2669 | *Email*dylanmcclurg@gmail.com |
| **Student Information** |
| *Student Name (First, Middle, Last)*Audrey Jo McClurg | *Age*13 | *Grade*8th | *Birthdate*September 18, 2006 |
| *Email* | *Phone Number* | ❑ Male⌧ Female | *School District*Watertown-Mayer |
| *Address*8190 County Road 13 | *City, State, Zip*Delano, MN 55328 |
| *Baptism Date*October \_\_\_\_\_, 2006 | *Confirmation Bible Verse* | *Baptism Sponsors* |
| *Baptism Location* | *I have submitted a:*❑ Baptism or Baby Photo❑ 9th Grade Photo |
| **Emergency Contact Information***Please provide additional contacts in the event of an emergency and the parent(s) / guardian(s) cannot be reached.*  |
| *Emergency Contact (other than parent / guardian)* | *Emergency Contact (other than parent / guardian)* |
| *Phone Number(s)* | *Phone Number(s)* |
| **Media Release** |
| I give permission for my child’s photo, artwork, voice, video, or verbal statement to appear in printed and/or electronic publications, including, but not limited to, brochures, websites, social networking sites, newsletters, videos, etc.❑ I give permission❑ I do not give permission |
| **Parental Permission Form** |
| The undersigned parent/legal guardian hereby gives permission to Peace Lutheran Church, for the student listed above to attend and take part in activities and events sponsored by Peace Lutheran Church (including, but not limited to, the weekend retreat, servant nights, and other activities that may be scheduled). Should my child require immediate or emergency medical care, in my absence, I hereby grant the staff and/or volunteers authority to release my child for medical treatment to such medical personnel as the staff and/or volunteers determines appropriate under the circumstances. In consideration for the privilege of allowing my child to participate in IGNITE Confirmation, I agree to release and hold harmless Peace Lutheran Church, its officers and agents, from any liability to or responsibility for bodily injury, damage, or illness to the above-identified child/children while participating in any IGNITE Confirmation activity or event. The information provided on this form is correct and up-to-date. I have notified the staff and volunteers of any medical information or conditions. Furthermore, if medical information or conditions change throughout the year, I will inform staff and volunteers of these changes.Parent/guardian signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |