

**Confirmation Registration Form**  
***First Congregational UCC, River Falls***  
***2009/10***

Student's full name: \_\_\_\_\_

Parent's name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ cell phone: \_\_\_\_\_

Emergency contact: \_\_\_\_\_

Emergency phone number (or cell number): \_\_\_\_\_

E-mail address: \_\_\_\_\_  
(for weekly update) \_\_\_\_\_

***Medical Information***

Name of Insurance Company: \_\_\_\_\_

Group Number: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Insurance Phone Number: \_\_\_\_\_

Allergies/Medical conditions: \_\_\_\_\_

\_\_\_\_\_

***Program Authorization***

I give the above mentioned child my permission to participate in the Confirmation Program at First Congregation Church including any travel to and from events as necessary. I authorize the adult youth leaders to obtain emergency medical assistance for my child if necessary.

Parent's signature: \_\_\_\_\_