



CONFIRMATION REGISTRATION 2024 - 2025

Beaver Valley Lutheran Church

Student Information:

Student's Name _____ Age _____ Grade _____ T-shirt size _____

Cell Phone # _____ Email _____

Preferred way to contact you: PHONE EMAIL TEXT (please circle)

Parent Contact:

Name: _____

Address _____ City _____ State _____ Zip _____

Phone# _____ Cell Phone # _____ Email _____

Preferred way to contact you: PHONE EMAIL TEXT (please circle)

Name: _____

Address _____ City _____ State _____ Zip _____

Phone# _____ Cell Phone # _____ Email _____

Preferred way to contact you: PHONE EMAIL TEXT (please circle)

Emergency Contact (other than parents)

Name _____ Phone# _____

Relationship _____

Name _____ Phone# _____

Relationship _____

Allergies/Medical conditions or other concerns:

If I am not available, and a medical emergency arises, the supervising teacher has my permission to seek medical help at:

Hospital _____

Parent's Signature _____ Date _____