



# CONFIRMATION REGISTRATION 2025 - 2026

## 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 \_\_\_\_\_