

Confirmation 2012 - Registration

You may eliminate this form and register online at firstmethodistmansfield.org

Please return registration to the church office or marked lock box in the A&E building with the registration fee (\$100) by January 22, 2012.

After January 22 please add \$25.

Please pay by check or register online with credit card.

Student Information		
Last Name:	First Name:	
Date of Birth:	Gender:	Grade:
School:		
T-shirt size:		
Has student been baptized? Yes No		

Parent Information	
Parent's Names:	
Street Address:	
City:	Zip:
Home Phone:	Work Phone:
Cell Phone:	Email*:
Are you a member of FUMC Mansfield? Yes No	

***Email will be our primary mode of communication throughout confirmation.**

Parents we need you to help us make confirmation run smoothly. Please show your student that you are committed to this process as well by signing up to help in one of the following ways:

- _____ Mentor or Support Mentor
- _____ Sunday Afternoon Lunch
- _____ Weekly room set-up
- _____ Weekly room tear-down
- _____ Pictures/videos
- _____ Calligraphy/writing on certificates
- _____ Other _____

If you would like to have your child in a small group with a friend or a particular mentor, please give us this information. We will do our best to accommodate, but we make no guarantees. Please put my child with_____.

Medical Release Form

Please attach copy of insurance card and have this form notarized

First Name _____ **Middle** _____ **Last** _____ **Grade** _____

DOB _____ **Gender** _____ **Parent/Guardian Name** _____

Address _____

City _____ **State** _____ **Zip** _____

Home Phone _____ **Cell Phone** _____ **Parent Phone** _____

Emergency Contact _____ **Phone** _____

Emergency Contact #2 _____ **Phone** _____

Name of Physician	Physician phone
Allergic to	Date of last tetanus shot
Medical History (Diabetes. Epilepsy, etc ...)	
Current Medications	
Physical limitations	

I, _____ legal parent or guardian of _____ give my consent for my child to participate in activities sponsored by First United Methodist Church of Mansfield, and I hereby release First United Methodist Church of Mansfield, its staff and volunteers of any liability in the event of accident or injury. I authorize any of the staff or volunteers of First United Methodist Church of Mansfield to obtain any and all necessary medical and/or dental consultation or treatment for my above named minor child, including surgical procedure if advised by the attending physician. I have listed on this form any and all special medical problems concerning my child and I confirm that I have advised the leaders of First United Methodist Church of any such medical problems.

Parent/Guardian Signature _____ **Date** _____

Before me the undersigned authority, on this day personally appeared _____, known to me to be the person whose name is described above, and acknowledged to me that he/she executed the same for the purpose therein expressed. Sworn and subscribed before me this _____ day of _____, 20_____.

Covenant of Conduct

- I agree to not participate in the use of drugs, alcohol or profanity during all events or activities.
- I agree to refrain from any sexual activity or inappropriate displays of affection during all events and activities.
- I agree to treat all persons, regardless of race, religion and culture, with respect and consideration.
- I will refrain from the illegal purchase or use of tobacco products.
- I will respect the facility we are using and realize should damage occur because of my negligence, I and my parents are responsible.
- I will not bring or use any weapons, fireworks, pornographic materials, or any other inappropriate items.
- I will not abuse others including: Physical Abuse (strike, spank, shake, slap) Verbal abuse (humiliate, degrade, threaten) Sexual Abuse (including inappropriate touching, exposure and comments) Mental Abuse (inconsistent standards, communicating one behavior and rewarding another).

I have read the Covenant of Conduct and fully agree with the conditions. I will be excused from participating in activities or events if I violate any conditions of this covenant.

Signature of Participant _____ **Signature of Parent** _____