



Grosse Pointe Memorial Church

16 Lake Shore Drive
Grosse Pointe Farms, MI 48236-3783
313.882.5330

2023-2024 Seekers Confirmation Registration

Legal Name (please print clearly)

Street Name

City, State

Zip Code

Home Phone

Cell Phone

Youth email address

Parent email address

Youth cell phone

Grade

Do we have permission to contact you and your Seeker via text through Remind.com app? Yes No

Have you been baptized? Yes No

If so, when and where? _____

Do you have any allergies or health concerns we should know about? _____

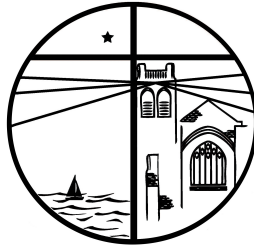
Do you have any dietary requests? No Yes: _____

Vegetarian? No Yes

Allergies? No Yes: _____

What are some of your hobbies, talents and interests? _____

Mentor Request (must be a church member and can't be related to you): _____



**Note: (1) Photo Release
needed for each family**

Grosse Pointe Memorial Church Photo Release Form

I hereby grant permission to Grosse Pointe Memorial Church to use my and/or my minor child's photograph on its World Wide Website or in other official Memorial printed publications for the purpose of promoting Memorial ministry without further consideration, and I acknowledge Memorial's right to crop or treat the photograph at its discretion. I also acknowledge that Memorial may choose not to use my photo at this time, but may do so at its own discretion at a later date.

To maintain privacy, all photographs of minors will have first names published only. I also understand that once my image is posted on the Grosse Pointe Memorial Church website, the image can be downloaded by any computer user on or off church property and I agree not to hold the church responsible in such event.

I DO GIVE Grosse Pointe Memorial Church permission to use my and/or my child's name and photograph on the church's website or other official Memorial printed publications.

I DO NOT GIVE Grosse Pointe Memorial Church permission to use my and/or my child's name and photograph on the church's website or other official Memorial printed publications.

Parent/Guardian's Name: _____

Name of Child: _____

Parent/Guardian Signature: _____

Date: _____



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Note: Each child needs 2 POAs:

- (1) September 2023 – March 2024
- (1) March – September 2024

LIMITED POWER OF ATTORNEY

For Emergency Medical Treatment, Travel and
Consent September 15, 2023 – March 15, 2024

Name of Dependent: _____ Birth date: _____

Allergies/Illnesses: _____

Medications being taken: _____

I hereby grant to the following individuals:

Jasmine Smart, Margaret Mollison, April Sayar, or any of the designated Advisors of the Grosse Pointe Memorial Church (U. S. A.), 16 Lakeshore Drive, Grosse Pointe Farms, MI 48236-3783, (313) 882-5330, the Limited Power of Attorney to act for me by giving the required consents and authorizations for travel and for the delivery of necessary medical care, diagnoses and treatment to the above-named child and to do all other necessary things as I might or could do if personally present. Any Advisor may act under this Power of Attorney.

This limited power of attorney is given pursuant to the provision of P.A. 1998 No. 386, Section 5103 of the Estates and Protected Individuals Code, as amended, and is effective September 15, 2023 – March 15, 2024. I agree to accept responsibility for all expenses incurred for medical treatment for the above-named child.

Signature of Parent or Legal Guardian Relationship to child Date

Street Address City, State, Zip

Phone: Home _____ Work: _____

Parent Cell _____ Parent Cell _____

Health Insurance Company _____ Policy Numbers: _____

Emergency Contact's Name Relationship to child

Best Phone Number Backup Phone Number



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LIMITED POWER OF ATTORNEY
For Emergency Medical Treatment, Travel and
Consent March 16, 2024 – September 16, 2024

Name of Dependent: _____ Birth date: _____

Allergies/Illnesses: _____

Medications being taken: _____

I hereby grant to the following individuals:

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Signature of Parent or Legal Guardian	Relationship to child	Date
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Street Address	City, State, Zip
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Phone: Home _____	Work: _____
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Parent Cell _____	Parent Cell _____
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Health Insurance Company _____	Policy Numbers: _____
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Emergency Contact's Name	Relationship to child
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