

2022-2023 CONFIRMATION REGISTRATION

Return by _____ Trinity Lone Oak Lutheran Church, Eagan, MN

Effective Dates: August 1, 2022 – July 31, 2023

2023 *Please make any corrections to your current information and provide any requested information.

STUDENT INFORMATION

First Name Middle Last _____

Date of Birth: _____ Baptismal Date: _____

Church Membership: _____

School Attending: _____ Grade: _____

Student's Address: _____

Student lives with their _____

FAMILY INFORMATION

Guardian 1

Name: _____ Relationship to Child: _____

Check if address is same as student's address.

Address: _____

Home #: _____ Work #: _____ Cellphone #: _____

Church Membership: _____ Email: _____

Guardian 2

Name: _____ Relationship to Child: _____

Check if address is same as student's address.

Address: _____

Home #: _____ Work #: _____ Cellphone #: _____

Church Membership: _____ Email: _____

EMERGENCY CONTACT (If guardians cannot be reached.)

Name: _____ Relationship to Child: _____

Phone Number: _____



MEDICAL HISTORY

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken. Check the following areas of concern for this student. If necessary, add another page with details:

1. Does your child have allergies to: pollens___ medications___ food___ insect bites___ other _____

Comments/Explanation:

2. Please list any medical conditions/concerns that we should be aware or any activities that should be restricted for the student?

Insurance Company: _____

Phone #: _____ Insurance Policy #: _____

Group #: Physician: _____ Physician Phone #: _____

STUDENT AND PARENT CODE OF CONDUCT

We expect each student to conform to these rules of conduct. Students who fail to comply with these expectations may be sent home.

No possession or use of alcohol, drugs, or tobacco. No fighting, weapons, fireworks, lighters, or explosives. No offensive or immodest clothing.

Participation with the group is expected. Respect property, one another, staff, and adults.

Respect and comply with event schedules.

No misuse of God’s Holy Name or other offensive language.

I, the student, have read the rules of conduct, the above evaluation of my health, and permission to participate in confirmation activities. I agree to abide by the stated personal limitations and code of conduct.

Student Signature: _____ Date: _____



PERMISSIONS

Activities may include but are not limited to both inside and outside games including physical activity and may be conducted in diverse types of weather. Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to the church staff prior to that event.

(Name of Child): _____ has my permission to attend all confirmation activities sponsored by Trinity Lone Oak Lutheran Church (Hereinafter the "Church") from August 1, 2022 to July 31, 2023 (Effective for one year.)

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases Trinity Lone Oak Lutheran Church and its staff of any liability against personal losses of named child.

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by the Church.

I/We understand that there are inherent risks involved in any ministry or athletic event, and I/We hereby release the Church, its pastors, employees, agents, and volunteer workers from all liability for any injury, loss, or damage to person or property that may occur during my/our child's involvement. If he/she is injured and requires the attention of a doctor,

I/We consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/We agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent.

I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further,

I/We affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above.

I/We also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the student ministries staff member.

Parent/Guardian Signature: _____ Date: _____

ACOLYTE PREFERENCES

All students in the Confirmation program serve during a service. This has traditionally been done with Acolytes. We are also considering including opportunities for Confirmands to Greet, Usher or be part of the A/V Team instead of Acolyte. Would these opportunities to serve interest your family?

Acolytes light & extinguish the candles. Acolytes are scheduled about once a month including special services (Christmas, Easter, Lent, etc.).

Families give a preference of the service(s) they normally attend but are scheduled as needed. Ushers assist in the service in a variety of ways. They traditionally greet, hand out bulletins, collect the offering, and dismiss for communion. Ushering is a commitment of once per month. Working with the A/V Team means that confirmands would be trained in running the PowerPoint for one of our services.

Those wanting to help in this way would be scheduled like Acolytes, about once a month. Please indicate below if your child/children will be acolyting, ushering, or serving on the A/V Team along with your preferred service(s).

We cannot guarantee that you will always be scheduled to acolyte or serve with the A/V Team at the time you prefer.

CHILD’S NAME: _____

Please check the way your child/children want to serve and circle the service time you prefer:

___ Acolyte Sunday 8:00am ___ Sunday 10:30am ___ 9:00am (Summer) _____

___ A/V Team Sunday 8:00am ___ Sunday 10:30am ___ 9:00am (Summer) _____

___ Usher Sunday 8:00am ___ Sunday 10:30am ___ 9:00am (Summer) _____

I acknowledge that serving as an acolyte/usher/A/V Team Member in the church is a privilege and an opportunity to serve God. I know I am required and responsible to be at church 15 minutes before my assigned service. If I cannot be at my scheduled service, I will find a replacement and notify the church office of the change in duty. I will be responsible, respectful, and serve as an acolyte with a positive attitude. Student

Signature: _____ Date: _____

Required Materials as assigned by the pastor (provided) – Confirmation Workbook; Apologetics Workbook; Bible Overview Workbook, Luther’s Small Catechism (2017 Version)

Recommended Materials Bible – ESV or NIV. Child can use a Bible from home. 6th, 7th, and 8th Grades.

