

CONFIRMATION PARTICIPATION



"It is the Holy Spirit who gives all these gifts and powers, deciding which each of us should have." 1 Corinthians 12:11

To help each student in confirmation explore and discover their own special gifts, each confirmation student is expected to participate in Sunday worship services, Confirmation at 9:15 a.m. on Sundays and other events as planned. This form needs to be signed by the student and a parent.

Name: _____ **Date:** _____ **Grade:** _____

Expectations:

Acolyte

Church Life (check at least one):

- Greeter at worship** (good activity for 2 people)
- Scripture reader** **(Christmas Program)**
- Usher** (we will add you to an usher team)

PARENT SIGNATURE: _____

Student Expectations

To ensure an outstanding Christian experience for everyone, we ask that your child read and adhere to the following expectations:

- There will be no inappropriate activity.
- Participation in all group activities and appropriate participation in small and large group events.
- Respect group leaders, adults, peers, and facilities is expected at all times.
- Potentially harmful or dangerous behavior and weapons of any kind will not be tolerated.
- A positive attitude toward activities and others.

I, _____ (student's name) have read the expectations and I agree to abide by them. I understand that any behavior that breaks any expectation may result in disciplinary action, and which may include not being allowed to continue to participate in the event or being sent home.

Student's Signature: _____ Date: _____

Name of Participant _____ Home Phone _____

Address _____ City _____

State ____ Zip code _____ Gender M F Date of Birth ____/____/____ Age ____ Grade ____

School _____ Takes Communion: Yes No Has Been Baptized: Yes No Date: ____/____/____

Parent/Guardian _____ Relation _____

Phone _____ Email Address _____

Secondary Contact Person _____ Relation _____

Phone _____ Email Address _____

Emergency Contact Name (other than parent) _____

Home Phone _____ Cell Phone _____ Relation to Student _____

Health Insurance Information

Medical Insurance Company _____

Policy # _____ Group # _____

Please indicate below any medical needs the staff & guides should be aware of:

Allergies (please include insects, food and medications)

Any health conditions (asthma, bleeding, cold, flu, chronic condition)

Any physical restrictions, broken bones, personality changes, mood swings or depression over the past 6 months, we should be aware of?

Authorization: I authorize my child to attend the event stated above. In the case a medical emergency arises and the emergency contact or myself cannot be reached by phone, I authorize Bethany Lutheran Church and its agents to provide for my child. I have also read and agree with the expectations listed on this form and will support Bethany's leaders in administering any appropriate consequences if expectations are not followed. I further release Bethany Lutheran Church as well as all of its agents, members or employees, for all liability for any accident, injury or claim arising from my child's use of its facilities, transportation or participation in any of its programs. Furthermore, I take full responsibility for any financial cost, which may be incurred, for the care of my youth including emergency transportation and hospitalization. I release Bethany Lutheran Church and all of its agents from any liability for lost, stolen or damaged articles.

Parent or Guardian Signature _____ Date _____