East Union Lutheran Church

Confirmation Registration 2018/2019

*“The whole being of any Christian is faith and love. Faith brings the person to God, love brings the person to people” -Martin Luther*

Confirmation is designed to help students name and grow their unique, God-given gifts, with the invitation to use those gifts for service in the church and in the world. At your child’s baptism, you said, “Yes, God!” on behalf of your child, welcoming them into the body of Christ forever. Confirmation is the opportunity for your child to grow, questions, and explore so he or she may make the decision to take ownership of his/her faith and continue to say, “Yes, God!”

The 2018/2019 Confirmation program will be for youth grades 6th through 9th. Classes will be held on Sundays from 10:00 am to 11:00 am. Confirmation classes are open to members and non-members alike.

The first day of Confirmation, will be with parents and will begin on Sunday, September 16, with Rally Sunday.

Please bring this completed form to East Union Lutheran Church on or before September 2, 2018. You may also email the completed form to eastunionlc@gmail.com or mail it to:

East Union Lutheran Church

15180 County Road 40

Carver, MN 55315

Please contact the Youth & Education Committee if you have any questions, concerns, or suggestions. We welcome and appreciate all ideas and assistance.

God bless you and your family!

Are you members of East Union Lutheran Church?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you interested in learning more about becoming members (Y or N)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthdate:\_\_\_\_\_\_\_\_\_\_\_\_\_Age/grade:\_\_\_\_\_\_\_\_

Baptized? (Y or N)\_\_\_\_\_\_

Please list any allergies, dietary or special needs:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Birthdate:\_\_\_\_\_\_\_\_\_\_\_\_\_Age/grade:\_\_\_\_\_\_\_\_

Baptized? (Y or N)\_\_\_\_\_\_

Please list any allergies, dietary or special needs:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Birthdate:\_\_\_\_\_\_\_\_\_\_\_\_\_Age/grade:\_\_\_\_\_\_\_\_

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Name of parent(s) or adult contact:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Volunteers/helpers needed**

Our Confirmation Program is in need of volunteer helpers in the following areas. Please check your area of interest.

Confirmation teacher (every other Sunday)

An extra pair of hands when needed Other?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Consent to use photos or video for Sunday school/church purpose

\_\_yes \_\_no

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**East Union Lutheran Church**

**Accident Waiver and Release of Liability**

The undersigned parent/legal guardian hereby gives permission to East Union Lutheran Church, for their child (insert child(ren)’s name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to take part in the East Union Lutheran Church Confirmation Program and related events.

Should my child require immediate or emergency medical care while engaged in an activity sponsored by East Union Lutheran Church, in my absence, I hereby grant East Union Lutheran Church authority to release my child for medical treatment to such medical personnel as East Union Lutheran Church determines appropriate under the circumstances.

In consideration for the privilege of allowing my child to participate in the above-named activity, I agree to release and hold harmless East Union Lutheran Church, its officers and agents, from any liability to or responsibility for bodily injury, damage or illness to the above-identified child while participating in any youth athletic or social activity which may be directly or indirectly sponsored by East Union Lutheran Church. Further, I agree to indemnify and hold harmless East Union Lutheran Church, its officers and agents with respect to any claim asserted by or on behalf of my child as a result of bodily injury, illness or damage.

**Please read carefully, this permission slip is a legal document which includes release of liability and indemnification.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Signature of Parent or Legal Guardian

Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Second Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Second Emergency Contact Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_