



Confirmation TURN IN Forms

1. Student Info
2. Life Group Form
3. Requirements/Commitment Form
4. Permission Slip
5. Medical Form

***All forms DUE on or before
Wednesday 9/13/17***

CONFIRMATION STUDENT INFORMATION FORM

Please Print Neatly

Formal name as to appear on the Confirmation Certificate and read out loud at Confirmation Service

1. Name: _____
 (Last) *(First)* *(Middle)*

2. Birthdate: _____

3. Baptism Information _____
(Date and Church/Denomination)

4. MALE _____ FEMALE _____

5. Current Grade: _____ Current School Attending: _____

High School Planned on Attending: _____

6. Parent Names: _____

Marital Status: Single Married Re-married Divorced Separated

Student lives with: _____

9. CELL PHONE #:

Dad Cell: _____

Mom Cell: _____

Student Cell: _____

10. HOME ADDRESS: _____

11. Most Read E-mail Address to send Information and Updates:

Confirmation Life Group Information

Student Name _____

Parent Name (s) _____

Please list day/night(s) that your child absolutely **cannot** attend a life group:

My Child CANNOT be in a group that meets on:

If a group meets after school, (3:30pm) would your child be able to be part of this group? Yes _____ No _____

If **yes**, is there any weekday listed above that your child could not meet after school? _____

***This form must be turned in by
September 13, 2017***

Confirmation Requirements for 2017-2018

Mandatory Requirements for students desiring to be Confirmed:

- A. **Baptism (if needed).** There will be many opportunities throughout the year for baptism. Please contact Christina Meadows at cmeadows@stjohnsorange.org to make arrangements.
- B. **Students:** Attendance is expected with active participation in teaching Sundays, life groups and share events.
- C. **Faith Paper turned in on Due Date.** A few selected faith papers written by Confirmation students will be chosen to be read at the Confirmation service.
- D. **Signed "Commitment to be Confirmed,"** due by **September 13, 2017**
- E. The **Confirmation student** will be required to have regular and faithful worship attendance during the Confirmation. Please remember to fill out the **St. John's Church attendance cards with the Student's name** to receive credit towards meeting this requirement. ***If you feel that your student will have difficulty meeting this requirement due to shared child custody or other approved hardship you must seek approval and arrangements with the St. John's Youth Department ASAP***
- F. **Attendance at Positively waiting Seminar.** Parents and Youth are required to attend. One seminar is for parents only and the other is for youth only.
- G. Attendance at scheduled life group meetings. **No more than 2 life group meetings can be missed.**
- H. Service Projects: A total of 4 service projects is required: **2 projects** must be completed with assigned life group; **1 project** must be completed as an individual; **1 project** must be completed with the entire Confirmation group on the planned day.
- I. A one-time fee of **\$225** is to be collected from each student by **November 17, 2017**. This fee includes cost of gown, curriculum, faith events, retreat, transportation and other Confirmation related fees. **If you need any support with payment please contact Susan Mitchell ASAP.**
- J. Attendance at Elder Confirmation Interviews.
- K. Attendance at Confirmation retreat, **March 2-4, 2018.**
- L. Attendance at Confirmation rehearsal, **May 18, 2018 at 3:30pm** the Sanctuary
- M. Attendance at Confirmation pictures and service, Sunday **May 20, 2018, 9am-4:30pm.**
- N. 14 total Sermon Notes

Confirmation Commitment Form 2017-2018

I have prayerfully considered confirmation and all that it means.

I realize that, at the time of my baptism, when I became a child of God through the water and the word, my parents made vows to the Lord for me. It is my intention to be Confirmed and to make my commitment to the Lord, reaffirming and confirming the vows made by my parents.

*I commit to attending worship services at St. John's Lutheran Church on a faithful and regular basis, regularly taking notes of sermons and turning them in. I will complete at least 14 total sermon notes.

*I commit to faithfully attend, participate, and complete the Sunday Confirmation Instruction as outlined in the Confirmation requirements.

*I commit to attend Positively Waiting.

*I commit to attend all Life Group meetings during the scheduled time.

*I commit to participate in 4 service projects: 2 in my Life Group, 1 on my own and 1 with my whole Confirmation class.

*I commit to attend the Confirmation retreat on March 2-4, 2018.

*I commit to attend my elder interview.

*I commit to attend the Confirmation Rehearsal.

*I commit to be present at the Confirmation service on May 20, 2018, to make my commitment to the Lord.

By signing below, I am stating that I will adhere to all the commitments listed above

Student's Signature _____

Print name _____

Parent's signature _____

***This commitment form is due on
Or before September 13, 2017***



Release and Hold Harmless Agreement and Waiver of Liability

I, the undersigned guardian, allow _____ to participate in activities sponsored by the Youth Ministry at *St. John's Lutheran Church of Orange* all of which are hereinafter referred to as the "activity".

I consent permission for participation in the activity and acknowledge that I fully understand the participation may involve risk of serious injury or death, including losses which may result not only from the participant's actions, inactions or negligence, but also from the actions, inactions, or negligence of others, the condition of the facilities, equipment, or areas where the event or activity is being conducted, and/or the rules of play of this type of event or activity. I am aware that participation in the activity may require the participant to be transported by bus to and from campus and the expectation is to abide by the policies and procedures of the contracted transportation company. I understand that if I have any concerns about risk, I should discuss the risks associated with participation with the activity coordinators and event staff, before I sign this document and before the activity begins.

If volunteers, adult leaders or parents drive their own vehicles, I am aware if they have an accident that my personal insurance will be the "primary" insurance and that St. John's Lutheran Church of Orange will be the secondary insurance. In addition, St. John's Lutheran Church of Orange will not be held responsible for physical damage that occurs while using personal vehicles for the activity. I understand this activity is not required for the participant and I assume all reasonable risk for the participant attending an activity that may occur off-campus.

I certify that the participant is in good health and has no physical condition that would prevent participation in this activity. Furthermore, I agree to use my personal medical insurance as a primary medical coverage payment if accident or injury occurs to the participant. I consent to emergency medical treatment in the event such care is required. I am aware that upon being injured, the participant may solicit the assistance from St. John's staff and youth ministry team and if he/she chooses to do so, I assume all reasonable risk.

I agree that photographs, pictures, slides, movies, video, or other media coverage of the participant may be taken in connection with participation in the activity without compensation from St. John's Lutheran Church of Orange, its officers, employees, representatives, volunteers or agents, or any of them, and I consent to the use of photographs, pictures, slides, movies, videos, or other media coverage for any legal purpose.

Knowing and understanding the risks involved with participation in the activity, I hereby voluntarily and willingly assume responsibility for all risks and dangers for the participant in the activity. I agree I am financially responsible for any losses resulting from the participant's actions and will indemnify St. John's Lutheran Church of Orange, its officers, employees, representatives, volunteers and agents, and each of them, for any loss or damage caused by the participant during this activity.

In consideration of participation in the activity, I hereby waive all claims or causes of action against St. John's Lutheran Church of Orange, its officers, employees, representatives, volunteers and agents, and all of them, arising out of participation in the activity and hereby release, hold harmless, and discharge St. John's Lutheran Church of Orange, its officers, employees, representatives, volunteers and agents, and each of them, from all liability in connection therewith except such loss or damage which was caused by the willful misconduct of St. John's Lutheran Church of Orange, its officers, employees, representatives, volunteers or agents.

This waiver and release is freely and voluntarily given with the understanding that right to legal recourse against St. John's Lutheran Church of Orange, its officers, employees, representatives, volunteers or agents, or any of them, is knowingly given up in return for allowing the participant to participate in the activity. My signature on this document is intended to bind not only myself and the participant, but also my successors, heirs, representatives, administrators, and assigns.

I have read this release and hold harmless agreement and waiver of liability, and I understand the terms used in it and their legal significance.

Participant's name _____

Guardian's signature _____ Date _____

Emergency contact name (print) _____ Phone # _____

Relationship to participant _____

Please utilize the space below to provide any medical/prescription information that you request be released to emergency medical providers.

Medical Release Form

St. John's Lutheran Church, Family Ministries
154 S. Shaffer Street, Orange, CA 92866 (714) 288-4400

INFORMATION:

NAME _____ Sex: _____

Phone: _____

Primary address: _____

Birth date _____

PARENT NAMES (if under 18)

Mother/Guardian: _____

Phone: Cell # _____ Work # _____

E-mail _____

Father/Guardian: _____

Phone: Cell # _____ Work # _____

E-mail _____

EMERGENCY CONTACT:

Name _____ Phone# _____

INSURANCE:

Company name _____ Policy # _____

Dr. _____ Telephone# _____

Emergency and Health Information:

To be completed by all participants: (if checked -please explain)

___ Asthma

___ Health Condition

___ Diabetes

___ Sight or hearing Impairment

___ Contact Lenses

___ Taking prescription Medications

___ Allergies

Reason:

Drug: _____ Dosage: _____ Time taken: _____

Please list anything that the leaders should know in order to help avoid or deal with any situations that might arise.
