



Meet Jesus Make Friends Make a Difference

August 13, 2026

Dear Parents of 6th–8th Grade Students,

Greetings in Christ! I'm excited to invite your student to join us for another great year of **CrossTraining** at Family of Christ Lutheran Church. CrossTraining is our three-year Confirmation program for students in grades 6–8, designed to help middle schoolers grow in their faith and prepare to publicly affirm their baptism in the **Rite of Confirmation Service** at the end of their journey.

When & Where

CrossTraining meets on **Wednesday evenings** starting September 23. Each evening begins with *Refresh*—a family worship time—from **6:30–7pm**, followed by instruction, small group processing and activities from **7–8:15pm**.

Our Purpose

CrossTraining helps students become dynamic followers of Christ through:

- Learning the truths of the Christian faith
- Experiencing faith in meaningful, hands-on ways
- Building friendships and mentorships with caring Christian adults

Kickoff & Orientation

All students and parents are asked to attend our **CrossTraining Kickoff & Orientation** on **Wednesday, September 9 at 7:00pm**. Students will receive their books and materials, and we'll review plans for the year. If you cannot attend, please contact me to arrange a time to pick up materials.

Parent Partnership

Parents are the most important influence in a child's faith life—this is the model given to us in Scripture. CrossTraining is designed to partner with you through weekly worship, home study, and opportunities for you to serve as a **Small Group Mentor** or in other volunteer roles. Mentors and volunteers receive **half off CrossTraining registration fees** as a thank you for serving.

Registration Details

- **Fee:** \$90 per student (covers books, materials, and program costs) **Note:** families whose parents serve as CrossTraining Small Group Mentors fee is half price of \$45.
- **Due Date:** September 7
- **Forms Needed:** Registration form, annual permission/waiver, and a photo for new students
- **Financial Assistance:** Available—please reach out if needed

If you have any questions or need additional information, please contact me or visit www.foclutheran.org. We are looking forward to an incredible year of partnering with you to nurture and grow your child's faith.

In Christ,

Pete Hiller, DCE
Youth and Family Minister



2026-2027 CROSSTRaining CONFIRMATION REGISTRATION

Student Information: (Please print; Use black or dark blue ink)

Student's Given Name: _____
Last First Middle

Student prefers to be called: _____ Gender: _____
Male Female

Date of Birth: ____/____/____ Grade: ____ School: ____
Month Day Year

Address (Where to mail correspondence) Resident Name: _____

Street City State Zip

Father's Name: _____
Last First Cell Number

E-Mail: _____ Cell Phone: _____
(CrossTraining Parent Updates/Info)

Mother's Name: _____
Last First Cell Number

E-Mail: _____ Cell Phone: _____
(CrossTraining Parent Updates/Info)

Student lives with: ____Both Parents ____Father ____Mother ____Guardian ____Other

Church Home: ☐Family of Christ ☐Interested in Becoming a Member ☐Other _____
Church Name

Baptized? ____Yes ____No Date: ____/____/____ Location: _____
Name and location of Church

Any diagnosed learning disabilities? Please describe: _____

Recommended teaching strategies: _____

Other activities student participates in: _____

Why do you want your student to participate in CrossTraining? _____

Please share any additional information about your student that may be helpful. This may include personality, school history, and family make-up, etc. _____

Have there been any significant life changes within the last year or situations that may be affecting your child emotionally and/or behaviorally? If so, would you be willing to identify them for us? _____

Student Registration: (Select One)

____ **1st Year CrossTraining** Intended primarily for 6th Grade or 1st year confirmation students.

Small Group Preference: List up to two people you would like to request in your small group.

(Note: It is not always possible to meet requests but we will do our best.)

Name(s): _____

____ **2nd Year CrossTraining** Intended primarily for 7th Grade students who have completed 1st year requirements.

____ **3rd Year CrossTraining** Intended primarily for 8th Grade students who have completed 1st & 2nd year requirements.

(Please turn paper over and complete Side 2)

Acolyting: (Student Service Opportunity)

___ **Acolyte** – I would like to volunteer to serve as an acolyte lighting candles and extinguishing candles during Worship Services. This is a fun and meaningful way to earn service hours for CrossTraining.

*****Please Note: Acolyte Training date: Wednesday, Sept. 16 at 7:30 pm.** (All **new** acolytes must attend this training to be scheduled for Acolyting. Contact Pete for alternate training dates.)

Parent/Guardian Participation and Opportunities:

CrossTraining Wednesday Opportunities

I am interested in serving in the following way(s):

___ **Small Group Mentor** - Lead, guide_ and mentor a group of 5-7 students each Wednesday during CrossTraining classes. (30 mentors needed) **Training for new Mentors on Weds., Sept. 16 at 7pm.**
Parent(s) Name _____

___ **Audio/Visual Tech** - Assist with sound, visuals and lighting. Training will be provided.

Registration Requirements:

___ **CrossTraining Registration Form:** Please complete both sides.

___ **Picture of CrossTraining Student:** First year and new students please include a photo for their file or email a digital photo to Pnelson@foclutheran.org

___ **Annual Permission/Waiver Form:** Please complete both sides. Don't forget to have student sign the "Young Person's Agreement" on Page 2.

___ **CrossTraining Fee:** ___\$90.00 or ___\$45.00 (for families whose parents serve as a small group mentor)
Please make checks payable to Family of Christ.

___ **CrossTraining Kick-off: Students and parents** plan to attend the **CrossTraining kick-off on Sept. 9 at 7pm.** If unable to attend, contact Peter Hiller to schedule a make-up.

CrossTraining Registration is due on or before September 6. Please drop off completed registration form, permission/waiver form, and fee at the church office or mail to:

**Family of Christ Lutheran Church
Attn: CrossTraining
16345 Polk Street NE
Ham Lake, MN 55304**

**Contact Pete Hiller Philler@foclutheran.org or Patti Nelson PNelson@foclutheran.org
or call 763-434-7337 if you have questions.**

For Office Use Only:

Confirmation Registration Fee Paid: _____ (Date received)	Amount Paid \$_____ Check # _____ Cash _____
Annual Permission/Waiver Form Received: _____ (Date received)	Small Group Assigned: _____
Graduation Year _____	



ANNUAL PERMISSION/WAIVER FORM

2026-2027 Youth Ministry Activities and Trips

July 2026 through June 2027

Family of Christ Lutheran Church

16345 Polk Street NE Ham Lake, MN 55304

763-434-7337

Name of Participant (please print) _____

Address _____

City _____ State _____ Zip _____ Home Phone _____

Email _____

Age of Participant _____ Birth Date _____ Grade for 2026-2027 School Year _____

If the participant is a minor, print the names of parent(s) and/or legal guardian(s):

Functions and Activities

It is my understanding that participating in the programs and recreational and other activities of FAMILY OF CHRIST LUTHERAN CHURCH is a privilege. Prior to my participation in such activities, I acknowledge that there are certain risks associated with the activities, including, by way of example, physical injury due to activity-related accidents or physical injury due to transportation-related accidents, illness or even death. I also acknowledge that there may be other risks inherent in these activities of which I may not be presently aware.

Release of Liability

By signing this Permission/Waiver Form, I expressly warrant that the child named above or I, if I am a participant, am capable of withstanding both the physical and mental demands of the activities discussed above. I also expressly assume all risks of the child or myself participating in the activities, whether such risks are known or unknown to me at this time. I further release FAMILY OF CHRIST LUTHERAN CHURCH and its ministers, leaders, employees, volunteers and agents from any claim that my child may have, or that I may have, against them as a result of injury or illness incurred during the course of participation in the activities. This release of liability shall include (without limitation) any claims of negligence or breach of warranty. This release of liability is also intended to cover all claims that members of the child's or my family or estate, heirs, representatives, or assigns may have against FAMILY OF CHRIST LUTHERAN CHURCH or its ministers, leaders, employees, volunteers, or agents.

I further agree to indemnify and hold harmless FAMILY OF CHRIST LUTHERAN CHURCH and its ministers, leaders, employees, volunteers or agents from any and all claims arising from my participation in its activities and programs, or as a result of injury or illness of my child during such activities.

Special Events and Field Trips

I understand that the child named above, or I, will be participating in various activities at FAMILY OF CHRIST LUTHERAN CHURCH and in the regional areas during the 2026-2027 ministry year. I understand that during this period my child/ward, or I if I am an adult participant, may take part in activities such as: Bible studies, ski trips, discussion groups, concerts, worship services, group songs, games of skill and experience, drama, Youth gatherings and retreats, service projects, swimming, overnight lodging with other youth and adults, transportation to outside events at other locales and establishments, and other activities consistent with the purposes of the church's youth ministry.

First Aid and Emergency Medical Treatment

I recognize that there may be occasions where the child named above, or I, if I am a participant, may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I do hereby give permission for agents of FAMILY OF CHRIST LUTHERAN CHURCH to seek and secure any needed medical attention or treatment for the child named above, or me, if I am a participant, including hospitalization, if in the agent's opinion such need arises. In doing so, I agree to pay all fees and costs arising from this action to obtain medical treatment. **I give permission for attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery and, again, to pay for the medical treatment.**

Email Correspondence Permission

Family of Christ utilizes email for communication to parents. By signing below, I give permission for Family of Christ to send me correspondence including updates and newsletters. Family of Christ will not distribute or sell your email addresses to any other third party organizations.

Signature _____ Relationship _____

Date _____

Please turn over and complete the other side of this form.

Emergency Contacts: Name of persons and telephone numbers to call in case of emergency

Parent/Guardian _____ Cell _____ Home _____
Parent/Guardian _____ Cell _____ Home _____
Other _____ Cell _____ Home _____

Health Insurance Company: _____

Policy Number _____ Phone Number (____) _____

Medical Doctor _____ Phone Number (____) _____

Medical History

Special medical needs or concerns (allergies, conditions, dietary needs, medications, etc.)

Date of last Tetanus shot _____

Other Information

Other information leaders should know about the child or adult participant: _____

Photo Release

I give permission and consent to allow images and interviews of the above mentioned to be taken during CrossTraining and/or other Family of Christ Student Ministry events and that such images or interviews may be published to promote CrossTraining and/or Family of Christ Lutheran Church.

Signature of Parent or Legal Guardian: _____

FOR USE ONLY IF THE PARTICIPANT IS A MINOR

I represent that I am the parent/guardian of _____, who is under 18 years of age. I have read the above Permission/Waiver Form and am fully familiar with the contents thereof.

I give permission for the child named above to participate in the activities of FAMILY OF CHRIST LUTHERAN CHURCH, including any special events/activities described above. In consideration for allowing the participation of the child in the activities of FAMILY OF CHRIST LUTHERAN CHURCH, I hereby consent to the Permission/Waiver Form, including the **Release of Liability** above, on behalf of the child and agree that this Permission/Waiver Form shall be binding upon me, my family, heirs, legal representatives, successors, and assigns.

Print Name of Parent and/or Legal Guardian Date

Signature of Parent and/or Legal Guardian Date

Adult Volunteers and Employees ONLY

As an adult volunteer or church employee, I hereby agree to each of the consents and waivers listed above, including the **Release of Liability**, as pertaining to my own participation in functions, activities, special events, and field trips.

***Adult Volunteer Signature** Date

Young Person's Agreement

I agree to participation in the functions and activities of FAMILY OF CHRIST LUTHERAN CHURCH, to cooperate with the leaders and other young people, and to conduct myself as a Christian. I promise to respect God, respect other persons, respect myself and respect property. I understand that my continued participation in church activities depends on my support of this agreement.

Student Signature Date