



Please complete both sides of registration form and submit to the church office with payment by Sept. 9.

Youth & Parent Information:

First Name: _____ Middle Name: _____ Last Name: _____

Street Address: _____ City _____ Zip _____

Youth Cell Phone: _____ Youth E-Mail: _____

Birthdate: _____ Grade in Sept., 2018 _____ Name of School _____

Have you been baptized? Yes No Member of All Saints? Yes No

Parent/Guardian Name: _____ Phone _____ E-Mail: _____

Additional Parent/Guardian Name: _____ Phone _____

E-Mail: _____

Second Household (if applicable): Parent's/Guardian's name(s) at this residence _____

Street Address _____ City and Zip _____

Send mail to this address also? Yes No Phone _____ E-mail _____

Permission/Medical Release Information

Emergency Contact Name: _____ Phone: _____

Name of health insurance company: _____ Name of policy holder: _____

Phone/address of health insurance company: _____

Health insurance group number: _____ Health insurance policy number _____

Current Medications being taken and reason _____

Has participant been hospitalized or diagnosed with any physical or mental illness in the last 12 months?

Yes No If yes, please explain diagnosis: _____

Does participant have any dietary restrictions or food allergies? Yes No If yes, list:

Other Allergies/Medical Conditions of we should know about: _____

By signing below I give permission for my son/daughter to travel with All Saints Lutheran Church Crossroads Ministry from August 31, 2018 through August 31, 2019, for service projects, fellowship events, and retreats. **I hereby release** All Saints Lutheran Church, its staff and sponsors, from responsibility and liability for any injury or illness that my son/daughter may sustain during Crossroads Wednesday nights, service projects, fellowship events, and retreats. In the event of an emergency, **I hereby authorize** one of the adult leaders of All Saints Lutheran Church as agent for me, to consent to an x-ray examination, medical, dental or surgical diagnosis, treatment and hospital care advised and supervised by a physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either at a doctor's office or in any hospital. **I expect** to be contacted as soon as possible. I have fully disclosed to the best of my knowledge all medical information requested below.

I also give my permission for my child's image to be used in any All Saints publications, promotional material or slide shows, including All Saints website and Facebook page. No last names will be used

Parent/Guardian Signature: _____ Print Name: _____

Turn over and complete other side

Confirmand Church Service Hours 7th Graders - **4 hours** 8th Graders - **6 hours** 9th Graders - **10 hours**

Service to others is a large part of the Crossroads Confirmation program. Each year Crossroads youth will be asked to serve within the walls of All Saints in the following ways.

- 7th Graders will be scheduled 3–4 times as a Sunday morning acolyte
- 8th Graders will be scheduled 3–4 times as a Sunday morning usher
- 9th Graders should choose a way to serve on Sunday mornings 3–4 times, check below.

In addition to the above youth can also earn church service hours in the following ways. Please check all that are of interest to you.

Acolyte Usher Communion Assistant Sunday School Helper Youth Choir
 Sound Board/Power Point Operator Wednesday Night Worship Band Sun. Morning Scripture Reader

Other, please list: _____

Parent Involvement: All Saints Crossroads Ministry provides a variety of opportunities for parents to be actively involved in their youth's faith development. Due to the large number of youth in our Crossroads program we need to have all parents active in the program in some capacity. Your participation will strengthen our ministry! Please read below and see where your gifts may best be used.

Small Group Guide Substitute Small Group Guide

Caring adults who model an authentic relationship with Christ are the backbone of our Crossroads Ministry. Lead a group of 4-7 youth (including your child or not, as you prefer) on Wednesday night Crossroads nights. Fall training and weekly Guide meetings are provided.

Meal Helper for an event Retreat Chaperone Wednesday Night Helper 1–2 times a year

Other, please list: _____

For more information and more specific descriptions of any of the above, please contact Kristine Clemens (952-934-3550 or kclemens@allsaintsmtka.org).

Crossroads Confirmation Registration Fees

Crossroads Registration Fees:

7th Grade youth \$95 8th & 9th Grade \$140.0

Crossroads Registration Fees cover all costs for the current Crossroads Confirmation year. This includes yearly retreat(s), curriculum and other Crossroads expenses.

Colaborate Study Bible - All Crossroads youth, Guides and Junior Guides are encouraged to purchase a Colaborate Lutheran Study Bible (New Revised Standard Version). We will be use them in Crossroads as well as a matching curriculum. Would be great for everyone to have the same Bible.



Colaborate Study Bibles are \$25 each - Would you like one? Yes No

Payment Information - Registration Fee: \$ _____ + Bible _____ = _____

Enclosed is my check made payable to All Saints Lutheran Church for the upcoming year of Crossroads. Yes No Check Number _____ or Cash _____

Please submit to the church office by Sunday, Sept. 9, 2018

THANK YOU FOR BEING A PART OF CROSSROADS CONFIRMATION AT ALL SAINTS!