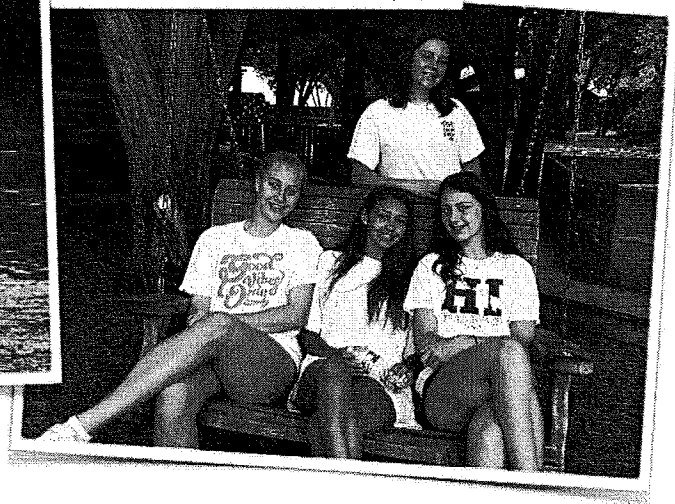
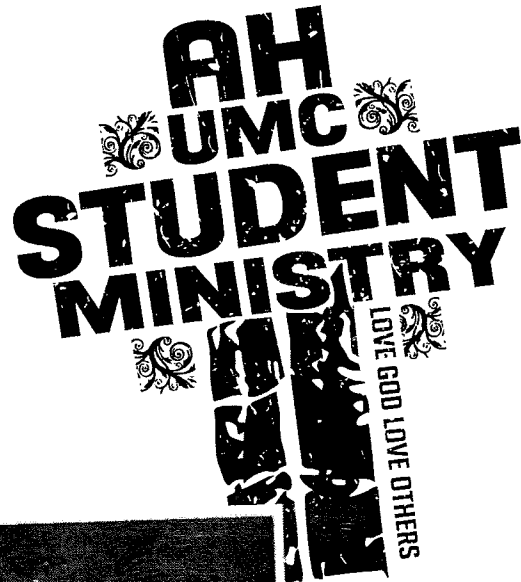


CONFIRMATION

Parent Information Packet 2017 - 2018



Register Online | ahumc.org/jrhigh

Who We Are

AHUMC Student Ministry Staff



Director of Student Ministry

David Roper

Email: droper@ahumc.org



Associate Director of Community

Josh Gill

Email: jgill@ahumc.org



Associate Director of Discipleship

Stacy Smith

Email: ssmith@ahumc.org



Administrative Assistant

Laura Peel

Email: lpeel@ahumc.org

www.ahumc.org/students

Email Laura Peel to join the e-newsletter mailing list.



ALAMO HEIGHTS UNITED METHODIST CHURCH
825 E. BASSE ROAD, SAN ANTONIO, TEXAS 78209 | 210.826.3215



Why We Are Here

Confirmation Background and Philosophy

We believe confirmation has the potential to be a significant experience in introducing and affirming our faith. In confirmation, we affirm the importance of our experiences in conjunction with Scripture and church tradition. We strive to equip students with information, tools, and resources they need to make an informed decision about committing to follow Jesus Christ. Confirmation ties together God's action with our response in faith as students become members of the AHUMC family.

At AHUMC, it is our hope that the students who participate in confirmation will develop their relationship with God and with each other as they grow in their faith. We intentionally work to develop a strong peer group experience so students will have friends to journey with them. Additionally, relational discussion leaders provide guidance and support to students both in and out of class. We hope students will begin to ask questions about their faith and find that their small groups and discussion leaders are safe places to explore those questions and answers.

Confirmation will encourage students to reflect on the path of Jesus and the faith into which they are adopted as well as to grapple with its meaning for themselves. More importantly, our hope is that each student develops the relationships and the tools needed to continue this exploration for a lifetime.

CONFIRMATION SCHEDULE

9:30 - 10:30 am | Sunday mornings | Youth Wing (W202-204)

In class, we discuss everything from the most basic faith ideas to our Hebraic roots to what it means to be a Christian. We like to be interactive, so students should come prepared to talk as well as listen. Parents also have a role on Sunday mornings; they can join the confirmation teaching and discussion as part of the Parent Parallel Class.

On occasion we'll have service projects so that we can get out and serve others. Students just might learn that they enjoy serving others ... animals, elderly people, persons with special needs, and children.

And twice a year, we'll have a big retreat! The fall Launch Retreat kicks off the year for all grades 6 -12. Students will get to know their discussion leaders and small groups there. In the spring, we have a special Confirmation Retreat for confirmands only. This is a special retreat just before getting confirmed to help students consider what they are committing to—life as a Christian young adult.

Let's get started!

JR HIGH AND SR HIGH @ AHUMC

SUNDAY MORNINGS in the Youth Wing 9:30 am

Jr High (grades 6-7) meets in W210-211; Sr High (grades 9-12) meets in W213

WEEKLY WORSHIP @ AHUMC

TWO VENUES | FIVE OPPORTUNITIES

SUNDAY MORNINGS in the **SANCTUARY** 8:30 | 9:30 | 11:00am

Traditional service with Holy Communion the first Sunday of each month

SUNDAY MORNINGS in the **CHRISTIAN LIFE CENTER** 9:30 | 11:00am

***New Heights** is an informal service with Holy Communion the first Sunday of each month.*

CHILDREN'S MINISTRY @ AHUMC

SUNDAY MORNINGS in the CHILDREN'S WING 9:30 am | 11:00am

Childcare (3 mos -23 mos), Preschool - Kinder classes, and Grades 1 - 5 classes

2017 - 2018 Confirmation Registration Form

Student's Full Name (*will need full name for actual Confirmation Sunday service)

Date of Birth _____ School Attending (in the fall) _____

Parent Name(s) _____

Address _____

Home Phone # _____

Email

Student _____

Parent(s) _____

Cell Phone #

Student _____

Parent(s) _____

AHUMC Member/Regular Visitor? Yes No

If No, what is your home church?

Has student been previously baptized? Yes No Unsure

***Parents: If there is a student or two that you would prefer your child is NOT in a table group with, please contact Stacy Smith (ssmith@ahumc.org).

**AHUMC Parental Consent & Liability Release Form 2017-2018
for Students**

Release of All Claims covering the school year and following summer

Student's Name _____ Age _____ Birth Date _____

Address _____ City, State, Zip _____

Home Phone _____ Student's Cell _____

Student Email Address _____ School & Grade _____

Parent(s)' Name(s) _____

Address (only if different from above) _____

Mom's Email _____ Dad's Email _____

Mom's Work Phone _____ Dad's Work Phone _____

Mom's Cell Phone _____ Dad's Cell Phone _____

To whom it may concern:

- The undersigned does hereby give permission for our (my) child, listed above, to attend and participate in activities sponsored by Alamo Heights United Methodist Church, hereafter referred to as AHUMC, such as but not limited to retreats (Launch Retreat on or about Sept 22-24, Spring Confirmation Retreat on or about March 23-25, etc), Trick or Treat for a Cause on or about Oct 29, Video Scavenger Hunt on or about Dec 10, mission trips, service projects, life groups, and other student ministry activities (i.e., air soft, paintball, sports, etc.).
- We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.
- The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization. Should it be necessary for our (my) child to return home due to medical reasons, inappropriate behavior, or otherwise the undersigned shall assume all transportation costs.
- The undersigned gives permission for AHUMC to use the participant's picture, comments, etc. in promotional materials (student ministry newsletter, church website, video clips, etc.). The undersigned also gives permission for our/my child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by AHUMC.
- In consideration for being accepted by AHUMC for participation in their trips/activities, I (we), being 21 years of age or older, do for ourselves (myself) (and for and on behalf of my child participant) do hereby release, forever discharge and agree to hold harmless AHUMC and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in the trip or activity.
- Furthermore, we(I) hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in activities involved therein.
- Further, authorization and permission is hereby given to AHUMC to furnish any necessary transportation, food and lodging for this participant and hereby grant our (my) permission for him (her) to participate fully in said trip or activity.
- The undersigned further hereby agree to hold harmless and indemnify AHUMC, its directors, employees and agents, for any liability sustained by AHUMC as the result of the negligent, willful or intentional acts of said participation, including expenses incurred attendant thereto.
- Should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, we (I) hereby will immediately transport our (my) participant home, assume all transportation costs and will not receive a refund for portions of the trip/event the participant did not complete.

Insurance and Medical Information

Insurance Company _____ Policy Number _____

Physician's Name and Phone Number _____

Emergency Name(s) and Phone Number(s) _____

- Please list any **Medical Conditions and/or Allergies** we need to be aware of: _____

- Please list any **Prescription Medications** your youth is taking: _____

- Please list any **Over the Counter Medication** your youth **SHOULD NOT** take: _____

Parent/Guardian's Signature

Date

For the Student Participant - Behavior Covenant:

I agree to abide by all rules and directions the Student Ministry leaders (staff and volunteers) deem appropriate. I agree to not bring or use any alcohol, illegal drugs, tobacco products, or weapons to student ministry events/activities. I recognize that failure to do so could result in my expulsion from the activity/event at my parent(s)' expense with no refund and that my parent(s)' may have to pick me up immediately regardless of the time of day or night.

As a member of the Body of Christ, I covenant to conduct myself in a way that brings honor to God.

As a person representing AHUMC, I covenant to treat those we meet and serve in a kind, honorable, and respectful manner.

As a member of our Student Ministry, I covenant to treat myself and others with respect and love.

At events, I understand that it is my job to check the schedule and know my responsibilities.

Student-Participant's Signature

Date

Parent/Guardian's Signature

Date



GUEST CONSENT AND RELEASE FORM

Dates Attending: From 9/22/17 to 9/24/17 Group/Family: Alamo Heights United Methodist Church

Name: _____

Email address: _____

Cell Phone: _____ Phone: _____

Signature: _____ Date: _____

Signature of Parent or Legal Guardian if under 18: _____

I will be attending Tejas Ministries, Inc. {hereinafter referred to as "Tejas," and as further defined below} on the dates listed above. At all times when I am at Tejas I acknowledge that I will be under the direct supervision of group listed above {herein known as the "Sponsoring Organization"} and I release, waive, indemnify and hold harmless Tejas for and from any liability that may result due to my actions and/or the actions taken by my Sponsoring Organization while I am at Tejas. I authorize Tejas to make arrangements for, or give any medical attention to me as Tejas deems necessary under the circumstances, at the sole discretion of Tejas. I also give permission to any medical care providers summoned by Tejas, including every doctor or other medical professional, to hospitalize me and/or secure such other medical treatment as Tejas and the medical professional deem appropriate. I further understand that emergency medical treatment may be difficult to obtain, and in some instances appropriate treatment may be delayed because Tejas is located in a country setting miles away from an incorporated town and/or hospital. I release, waive, indemnify and hold harmless Tejas from any harm that is occasioned me due to any delay in treatment of a medical condition.

I understand, and agree to assume all risks which I may encounter while at Tejas, including activities preliminary to my visit, while I am at Tejas and subsequent thereto. I understand and assume all risks for activities I engage in while I am a guest at Tejas, recognizing and acknowledging that many of these activities that I undertake at Tejas are inherently dangerous such as riding a zip line, swimming in a lake, swimming in a pool, hiking, shooting bows and arrows, and other such related activities. I release, waive, indemnify and hold harmless Tejas, their officers, directors, agents, employees, affiliates, volunteers and representatives {sometimes either defined and/or referred to herein collectively as "Tejas" or "Indemnified Parties"} from and against all liability, damages, causes of action, claims, losses and/or expenses, including but not limited to attorney's fees, court costs and expenses, medical costs, and like expenses, which may be related to any injury or death to me, or any person related to me. I also release, indemnify and hold harmless Tejas, and the Indemnified Parties from any loss or damage to property, including loss of use thereof, caused in whole or in part by Tejas or the Sponsoring Organization, whether such loss was caused in whole or in part by negligence of the Indemnified Parties, or any one or more of them. This release, however, will not apply in the event of willful misconduct.

I further give my permission and consent to Tejas to use any photograph, or video taken of me while at Tejas for any purpose. I also give my permission to Tejas to use any interview of me, which is reduced to writing, or kept in an audio recording, using whatever platform. Such photographs, videos and/or audio recordings may be published by Tejas for the purpose of illustrating Tejas, reporting on Tejas activities, or for the purpose of promoting and advertising Tejas. My permission extends to Tejas to use photographs, videos or audio recordings of me however they see fit in every kind of media, including, but not limited to, print media, broadcast media, and on the internet, Facebook, Twitter and any other website based platform that is used by Tejas to report on Tejas to the general public, and/or for internal purposes - including training. I assign full copyright authority to Tejas for photographs, videos or audio recordings of me and claim no interest in the reproduction of these media resources either wholly or in part. I agree that photographs, videos and/or audio recordings can be used separately, or together, whole or in part, in any medium at the sole discretion of Tejas.

Should any dispute arise from this agreement I agree to first seek to mediate such dispute in good faith with a qualified mediator acceptable to Tejas and me. Should we not be able to agree on a mediator, I agree that the Senior District Judge in Lee County, Texas will appoint a mediator to mediate the dispute. I also agree that venue for any dispute, or cause of action, arising by and between the parties, whether arising out of this agreement or otherwise, can only be brought in a court of competent jurisdiction in Lee County, Texas, exclusively, and exclusive of any provisions relating to conflict of laws.

I expressly agree that this release, waiver, indemnity and hold harmless agreement is intended to be broad and inclusive as permitted by the law of the State of Texas and that if any portion thereof is held invalid, I agree that the balance of this agreement shall, notwithstanding, continue in full force and legal effect. I also agree that in the event I take any legal action against Tejas, which is decided in favor of Tejas, I agree to be responsible for all legal fees, court costs and out of pocket expenses incurred by Tejas. This release, waiver, indemnity and hold harmless agreement is the entire agreement by and between the parties hereto and the terms of this release, waiver, indemnity and hold harmless agreement are contractual and not merely a recital.

I further state that I have carefully read the forgoing, I have been given full opportunity to consult with an attorney of my choosing, and having done so I sign this release, waiver, indemnity and hold harmless agreement as my own free act. I acknowledge that this is a legally binding document, which I have read, understood and accept to be fully bound by from and on the date of the signing of this agreement and thereafter.

Medical Questionnaire

To be filled out by participant or parent/guardian if under 18:



Name of participant: _____

Sex: _____ Birthdate: __/__/_____

Home Address: _____ City: _____ State: _____ Zip: _____

In an emergency notify: _____ Best Contact Number: (____) _____

Relationship: _____

Participant Medical History – Circle the appropriate response and describe YES answers in space provided

Have you had or do you currently have any heart problems including strokes, heart attacks, and/or heart related diseases? _____ YES NO

Do you frequently suffer from pains/pressure in your chest? _____ YES NO

Do you often feel faint or have spells of severe dizziness? _____ YES NO

Has a doctor ever told you that you have high blood pressure? _____ YES NO

Are you a smoker? _____ YES NO

(NOTE: If you have had any heart related problems, you will need to have a release statement from a physician in order to participate in activities.)

Do you have arthritis, joint or back problems that might be aggravated by exercise? _____ YES NO

Have you had any operations, serious injuries or illnesses? _____ YES NO
(dates) _____

Do you have any disabilities or communicable diseases? _____ YES NO

Are you allergic to any medicines, insects or pollen? _____ YES NO

Are you allergic to any foods? _____ YES NO

Do you have Asthma? _____ YES NO

Do you have Epilepsy? _____ YES NO

Do you have Diabetes? _____ YES NO

Do you have any prescribed meal plan or restrictions? _____ YES NO

Are you currently sick and/or using a medication not listed above? _____ YES NO

List any activities to be limited or prohibited:

Suggestions or health related information T Bar M Camps & Retreats personnel should know?

General Health Statement: **How is your health today?**

Additional Information or Comments:

Are you covered under hospitalization insurance? YES NO

Carrier _____ Policy # _____

In the event that I am unable to grant permission, I do give permission to the physician selected by the group leader to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for me.

Participant Name: _____

Participant/Parent Guardian Signature: _____ Date: _____



FACILITY USAGE

ASSUMPTION OF RISK AND RELEASE

Group Name Alamo Heights United Methodist Church

Center for Christian Growth, Inc., dba T Bar M Camps requires all users to sign this release form in order to be eligible to use all T Bar M Camps facilities.

The undersigned acknowledges that during usage certain risks and dangers may occur. These include but are not limited to the hazards of depending on other people, vehicles, grounds, obstacles, and the forces of nature. The undersigned further recognizes that these risks may also include physical or psychological damage and/or injury not excluding fatality due to accidents that may occur resulting from the use of the facilities. During usage, the undersigned agrees to abide by all of the policies and procedures set before them in order to maintain the utmost level of safety.

In consideration of the above, I (the undersigned) have and do hereby assume all the above risks which are not specifically foreseeable, and will hold T Bar M Inc., Center for Christian Growth, Inc., dba T Bar M Camps, its owners, directors, employees, and/or associates, harmless from any and all liability, actions, causes of actions, claims and demands of every kind and nature whatsoever, whether for bodily injury, property damage or loss or otherwise, which I now have or which may arise from or in connection with my usage of the facilities. In short, I, along with my family or heirs, cannot sue T Bar M Inc., and/or Center for Christian Growth, Inc. dba T Bar M Camps; its owners, directors, employees, and/or associates. I also state that I am not under, and will not be under the influence of any chemical substance including alcohol. I fully understand that my use of the facilities is entirely voluntary and in the event that I damage or misuse T Bar M property, either deliberately or accidentally. I understand that I am financially responsible to make restitution to T Bar M. Furthermore, in the event of an accident, the group leader will assume responsibility for medical care of the individual.

I understand that while participating in normal camp activities, I may be photographed/videotaped and that these photos and/or video footage may be used for promotional purposes.

In the event of any emergency I hereby give permission to the physician selected by Stacy Smith / David Roper / Josh Gill to hospitalize, secure proper treatment, and to order injections, *(Group Leader's Name)* anesthesia, or surgery.

Participant Name

Date

Signature

(Parent / Guardian must sign for participants under 18)

Date

*For more information about our staff, activities, and what to bring, log onto to
www.tbarmgroups.org*

Confirmation Volunteer Roles (2017 - 2018)

Interested in serving students or parents this year? We have a variety of ways you can use your gifts to serve. How are you gifted--in directing? In facilitating discussion? In taking pictures? We have many roles suited for a variety of gifts. Some are in direct contact with students or parents while some are "behind the scenes."

CHECK the items you're interested in volunteering for and/or contact this year's Confirmation Class Coordinators or Stacy Smith (ssmith@ahumc.org) with how you'd like to volunteer.

YOUR NAME: _____ PHONE NUMBER: _____

Fall LAUNCH Retreat

Spring Confirmation Retreat

Crew Chief & Helpers

--handle behind-the-scenes needs (set up, take down, snacks, boundary patrol)

Med Mom & Dad

--ideally a doctor and/or nurse but can be anyone who handles medicines and minor bumps, bruises and cuts

A/V Person

--run sound and lights during worship

Service Projects/Fun Events

Service Sunday Project

--Who are you passionate about serving (animals, elderly, special needs, homeless, poor families, unclean water, orphans, hunters for the hungry, etc.)? You can choose an organization to help or we can assign one for you ... easy-to-lead, one-morning project in which students learn about the situation first hand and help others.

Trick-or-Treat for a Cause

--help organize this fun, one-time food drive (fun, easy and always a success)

Video Scavenger Hunt

--help organize one of the most fun 2-hour events of the year

Photographers

--take pics of students, leaders, and speakers on retreats, service projects, and occasionally in class; gives pics to A/V person for slideshows

Confirmation Dinner Celebration

Dinner Committee

--in charge of overall event; coordinate menu and caterer and room set-up; handle table decorations; clean up after event

A/V Coordinator

--get pictures from everyone, creates slideshow, handles A/V issues

Sunday Mornings

A/V Person(s)

--run audio-visual in class on Sundays, creates announcement slides

Teacher (one Sunday)

--Do you relate well to 8th grade students? We may have 1 or 2 gaps in need of a teacher.

Parent Parallel Class Coordinator & Parent Discussion Facilitators

--After the speaker talks on Sunday morning in class, these people facilitate discussion among the parents in a separate room; you don't have to be an "expert"--just someone with a heart to listen and share.

--Ideally, this person enjoys relating to others and may even follow up with some to help them feel comfortable/welcome.

Substitute Discussion Leader on Sundays (see next page)

--available to fill in for a Discussion Leader when he/she can't be in class

Discussion Leaders (Sunday mornings and beyond)

--This is by far the most involved and therefore most rewarding role ... and is suited for those who relate well to 8th grade students. Consider this role if you are willing to listen to students and are willing to get to truly get to know 4-5 students/"walk with them" in life.

--If you accept this role, you'll be given approximately 4-5 students of your same gender to guide or shepherd. (Note that this rarely, if ever, includes your own son/daughter as we've found at this age it is more effective to have you mentor someone else's son/daughter in this role while someone else guides yours.)

--You'll sit at a table with them on Sunday mornings (4-5 students per 1 adult) and listen to them, guiding the discussion.

--You'll contact your students via text, calls, etc. at least 1-2 times per month to check in on them, follow up on something they mentioned (a big test, important game, something fun they did, a prayer request, etc.).

--You'll be actively engaged with them in this Student Ministry, including:

- getting your group together outside of Sunday mornings via Student Ministry events
- Trick-or-Treat for a Cause in October
- Video Scavenger Hunt in December
- and 2 times that you set up on your own in Jan/Feb/March
- 80% of Sunday morning Confirmation classes
- Fall Launch Retreat and Spring Confirmation Retreat
- Confirmation Dinner and Confirmation Sunday in May

--You may need to attend occasional trainings, usually held from 10:30 - 11:00 am on Sundays (after class) during the year.