

WHAT TO BRING

- Bible/Journal
- Clean Clothes
- Toiletries (toothbrush, paste, brush, towel, etc...)
- Pillow
- Bedding or Sleeping bag
- New Friends
- Money for Meals
- Please don't bring anything illegal or inappropriate.
- 2011 Medical Release form (download form at www.generationimpact.org)

CONFERENCE FACTS

Who: All students in 6th to 12th grade

When: Thurs. October 20-22 2011

Where: Great Falls, MT.

Cost: \$85—for regular church attendees
\$35 — for your non churched friends

Registration: Drop off this form to the impact youth office (there is a drop box by the door if no one is available).

Bus Schedule



Leave Christian Center

Thurs. Oct 20 at 12:00 pm
Registration begins 11:00 am

Return to Christian Center

Oct 22 at 3:00 pm

If you bring an un-churched friend, you and that friend will receive \$25 off 2012 Glacier Bible Camp Registration. One coupon per person.



MYG YOUTH CONFERENCE

or RELENTLESS movement of the next generation



October 20-22, 2011

SPEAKER: JEFFERY PORTMANN WORSHIP: **WORTH DYING FOR**
GREAT FALLS, MT @ Central Assembly

COST: \$55 per person | Next Generation Ministries 406.652.2417 ext 2

Parental Consent Form

Student Info:

Name _____ Age _____ Birth date _____
Address _____ City/State/Zip _____
Student's Cell number _____ Grade _____

Parent/Guardian Info:

Name _____
Home _____ Cell _____ Work _____

Emergency Contact (in case parent/guardian cannot be reached):

Name _____ Phone _____
Name _____ Phone _____

To Whom It May Concern:

The undersigned does hereby give permission for our (my) child _____ to attend and participate in activities sponsored by impact youth / Christian Center on October 20, 2011 through October 22, 2011.

We (I) authorize an adult, in whose care the minor has been entrusted, to consent any X-Rays, examination, anesthetic, medical, surgical or dental diagnosis or treatment, any hospital care, to be rendered to the minor under the general or special supervision and the advise of any physician or dentist licensed under the provision of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agrees 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 or otherwise, the undersigned shall assume all transportation costs.

The undersigned does also hereby give permission for our (my) child to ride in a vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Impact Youth/Christian Center.

Parent/Guardian's Signature _____

If we do not have a current (2011/2012) waiver form for your student, please download & print one from www.generationimpact.org and turn it in with this registration or pick one up at our impact information center before or during registration.

For Office Use Only:

Date Paid: _____ Deposit: _____ Amount Paid: _____ Paid By: Cash or Check # _____

INVITE YOUR FRIENDS

**Only pay \$35.00
for New friends**

**(anyone who does not have a
relationship with Jesus and does
not attend a Christian church)**

**Lock your spot in by
paying a pre-registration
fee of \$55.00!**