



**A YOUTH DISCIPLESHIP CONFERENCE**  
 for students grades 6-12 and their leaders  
 November 3, 2018 (Doors open at 10)  
 Journey Church in Hampden, Maine

**ignite** is for students who want to grow deeper in their faith and share the experience with their leaders. This year our focus is on the cross and the life changing impact it can have on our lives. *the ignite worship band* will lead our times of praise with some cool grooves, Justin Frank will share with us from God's Word and there will be good opportunities to enjoy being together.

**Our group will leave Saturday**

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**And return**

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**Be Sure to Bring...**

**To be a part of our group it will cost**

\$

*(This includes gas and entrance costs)*

Bring extra money for the café at the event where you can buy food, t-shirts etc.

**Our groups contact person and phone number is**

Name \_\_\_\_\_ # \_\_\_\_\_

**sign up today for ignite**



**Youth  
 Discipleship  
 Conference**

**Please return this registration form & the funds to your youth leader. They will register you as a group. Thanks & see you at ignite!**

Name: \_\_\_\_\_ Grade \_\_\_\_\_

Birthday \_\_\_\_\_ Group Name/Church \_\_\_\_\_

Email \_\_\_\_\_

Parent Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Town: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Parent Cell: \_\_\_\_\_

*Consent/Release:*

I consent for my child to attend and participate in all activities provided at **ignite** an event of BYC Ministries. My child may travel with the designated drivers from our church. By participating in ignite, I consent to my child's photo to be used in promotional materials.

Any important notes :

For an emergency medical situation, I consent to any x-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care under the supervision and upon the advice of a licensed physician. I understand that every effort will be made to contact me should any medical situation arise.

Insurance Company \_\_\_\_\_

Policy # \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Emergency phone number \_\_\_\_\_

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_