



Dear Parents,

Believe is just around the corner (March 6-7) and we wanted to make sure you were as informed as possible before signing up your child to join us on this amazing weekend event specifically designed for Jr. high students (grades 6-8).

In case you've never heard of Believe before, let me give you a quick overview. It's a weekend event produced by Christ In Youth, an organization that has been putting together age-intentional events all over the world for almost 50 years (you can check out their website at www.ciy.com/believe). It takes place in at Grossinger Motors Arena, where your child will worship alongside tons of other students their age. It's literally an experience they'll get nowhere else. It's also one of the safest and most well-organized events for students in the country!

The God of the universe wants to make CONTACT with us, and He provides access to His awesome power at any time and for all people through this wonderful thing called prayer. But what is prayer? How does it work? When should you do it? What words should you use? These are all questions that junior high students are asking. Believe's CONTACT tour will help young people all over the U.S. better understand the amazing gift of prayer and how it can make an impact on their lives.

Believe also offers small group times in which your child can connect with adult leaders and other students. This is one of the most important things we can do as a youth ministry. Next to your influence as a parent, building those bonds between our leaders and their peers is the No. 1 thing that will help your child grow in their relationship with Christ.

Students will meet at the church at 5:30 Friday, March 6. Worship, activities, and the main session Friday night will go from 6:30-10:00pm. We will then be spending the night at the church building before returning Saturday morning for Day 2 of events. Students can be picked up at the church at 5pm Saturday evening.

The total cost per person is \$85. This will include the event registration, late night snacks Friday night, and breakfast and lunch on Saturday. The registration form, medical forms, and payment is due by February 16th in order to secure a spot on the trip. Please make checks out to Northside Church of Christ. A separate online medical form will also need to be filled out (a link will be emailed to you after registration).

We're excited for Believe and the amazing experiences we'll have over the weekend. If you have any questions that can't be answered by visiting www.ciy.com/believe, then please contact me at (309)533-0518.

Sincerely,
Steve Stark

Northside Church of Christ
CIY Believe - March 6 - 7

Registration

Students Name: _____ Grade: _____

Address: _____

Student Cell Number: _____

Parent Contact Information

Parent/Guardian _____ Phone Number: _____

Email address: _____

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\_\_\_\_\_ has my permission to attend CIY Believe with Northside Church of Christ. I understand that all money and paperwork must be turned in before my student can go. I understand that should my student be sent home due to behavioral issues (drugs/alcohol, bullying...), it will be my responsibility to come and get them.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

# Northside Church of Christ

## CIY Believe - March 6 - 7

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Emergency Contact Information

Parent/Guardian: \_\_\_\_\_ Cell #: ( ) \_\_\_\_\_ Work/Home #: ( ) \_\_\_\_\_

Alternate Contact: \_\_\_\_\_ Cell #: ( ) \_\_\_\_\_ Work/Home #: ( ) \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

### Medical History

Allergies? Y/N

Please list all known conditions (including allergies) that may affect your student during this trip along with any information we should be aware of concerning medical care of your student.

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Please list any medication your student takes regularly, along with instructions and dosage.

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Restricted Activities: \_\_\_\_\_

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### Insurance Information

Name of Provider: \_\_\_\_\_

Insurance Company Phone Number: \_\_\_\_\_

Policy/Identification Number: \_\_\_\_\_

# Northside Church of Christ

## CIY Believe - March 6 - 7

### Liability Release Agreement

I/We understand that there are inherent risks involved with any trip or group outing, and hereby release Northside Church of Christ, its staff and volunteer workers from any and all liability due to any injury, loss or damage to persons or property that may occur during the event listed above.

SIGNATURE OF PARTICIPANT: \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_

DATE: \_\_\_\_\_

### Medical Release Agreement

(I)/(We), the undersigned, parents(s) of \_\_\_\_\_, do hereby authorize the adult leaders of Northside Church of Christ, as agent(s) for the undersigned, to consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is necessary, which a physician and/or hospital personnel cannot administer without parental consent, it is understood that Steve Stark, Youth Minister of Northside Church of Christ, or any other adult leader from Northside Church of Christ has prior authorization to give such consent in the event I/we cannot be reached or in cases of emergency. In the event that it becomes necessary to give such consent, I agree to such person free and harmless of any claims, demands or suits for damages arising from the giving of such consent so long as the treatment is administered by or under the supervision of a licensed physician. I also assume responsibility for any and all costs associated with medical care.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

(Parent or Guardian / Participant—if over 18)