



www.threesli.org

Our Mission

Is to equip and empower students to impact their world for Christ through servant leadership.

What to Expect

This weekend is a leadership intensive event designed for high school students who sense a call to ministry or who desire to lead in their local contexts. Students will learn their ministry SHAPE, spiritual gifts, and personality profile. They will be challenged to develop spiritual disciplines and meet other students who are passionate about Christian leadership.

LEVEL I
Christ-Centered
Character

LEVEL II
Spiritual Leadership
Self-Discovery

LEVEL III
Understanding and
Practicing Spiritual
Habits

When: September 22-24, 2017

Where: Holiday Inn, Cincinnati, OH (Eastgate)

Who: 9-12 Grade Students

Cost: \$80 + \$25 for Meals (**\$80 Payment/Paperwork DUE by September 13th or ASAP**)

*You can register online at <http://nwcog.org/students> or through the NWCOG Mobile App

**This event is special invitation only.

***We will depart at 3p on Friday and return at 5p on Sunday.

Name: _____ Grade: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Email: _____

Parent(s): _____ Emergency Contact #: _____

Student Signature: _____ Previous Level Completed: _____

Parent Signature: _____ Date: _____

Medical & Parental Consent Form
North Webster Church of God
302 N Main St.
North Webster, IN 46555
Please print or type

Date _____ Parents Name (s) _____

Children's Names				
First Name	Last Name	Birth date	Social Security #	

WE HEREBY APPOINT AND AUTHORIZE: North Webster Church of God / Chaperones, Representatives, & Pastors as adults in whose care the minor (s) has/have 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 provision of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is provided at the office of said physician or at said hospital, emergency clinic, trauma center, or similar licensed facility.

THE UNDERSIGNED FURTHER AGREES to accept responsibility of payment for all costs and expenses incurred in connection with such medical and dental services given 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 (ren) to attend and participate in trips and activities sponsored by the North Webster Church of God; AND, to ride in any vehicle designated by the adult (s) in whose care the minor has been entrusted while attending and participating in said activities.

Hospital Insurance YES NO

Insurance Company _____	Participant _____	Date _____
Policy Number _____	Father _____	Date _____
Emergency phone numbers _____	Mother _____	Date _____
_____	Legal Guardian _____	Date _____

List any allergies/Medications/ Medical conditions _____

WE THE BELOW SIGNED PARENT (S) / GUARDIAN DO FULLY UNDERSTAND that any activity involves some risk. We release the Church of God at North Webster, Indiana and it's counselor's, chaperones, or representatives from any liability for injury or illness related to these activities.

Signature of Parent or Guardian Date

Signature of Adult Witness Date