

**TEEN  
LIGHTNING  
2017**  
is a time for ...

- \* teens to get away from the regular routine of their life
- \* teens to make friends with other Church teens
- \* God to speak to teens and challenge their hearts

If you're a Teen (12-18 yrs) & you are looking for those things ... then T.L '17 is for You.

T.L. '17 picked Mar.30-31 to host this year's Youth Event.

**T.L '17 is planning to have:**

- \* superb singing
- \* powerful preaching
- \* fabulous food
- \* crowd competitions
- \* slapstick skits
- \* rousing recreation time

**T.L '17 takes God, the Bible, and teens seriously:**

- \* we'll encourage high contentment with God
- \* we'll exemplify high convictions for God
- \* we'll enlist high commitment to God

**T.L '17 is praying that teens will return home ...**

- \* wanting more of God in their day-to-day life
- \* willing to be more active in home and church
- \* waiting impatiently to come back next year

On back of this flyer are further details that you need to know →

[ Fill out the lower section, detach and return with registration.]

**Teen Lightning 2017**

**Consent Form**

**Dates: Mar.30 - 31, 2017**

**Personal Information:**

Teen's Name: \_\_\_\_\_ Age on Mar.30/2017: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_

Home Tel.#: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Emergency Contact: \_\_\_\_\_ cell #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Medical Information:**

Allergies: \_\_\_\_\_ Physical/Medical Limitations: \_\_\_\_\_

Medications: \_\_\_\_\_ Medical Insurance Info: \_\_\_\_\_

**Authorization:**

I \_\_\_\_\_  the parent,  legal guardian, or \_\_\_\_\_ to the above minor do hereby give my  
(Please print full name) (other designation)

consent for the above-named to attend this **Teen Lightning 2017** and to participate in all activities thereof, excepting those activities which are prohibited by medical/physical conditions. Further I give my authorization for any person authorized by officials of this function to transport the above-named in any registered, insured vehicle which may be reasonably expected to safely convey them from point to point. Should medical attention be necessary, I authorize officials of the T.L.'17 to seek competent medical professional assistance in maintaining the well-being of the above-named and I assume any financial responsibility for medical care not covered under my insurance. I hereby certify that I have read the attached standards of behaviour and dress and that I have reviewed them with the above-named; further I certify that the above information is true to the best of my knowledge. I agree to hold officials of this function wholly harmless for any liability arising from this T.L.'17.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_