

# Ignite Weekend

Feb. 17-19

Cost: \$40

7th-12th

Grade

WP  
students

Dear Parents,

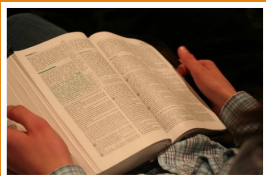
Ignite is here!

Ignite is our annual in-town retreat. It is a weekend where biblical truth and authentic community combine for a great time of spiritual impact. We also weave in fun activities too, which promotes even more community! It's a perfect way to spend a cold weekend in February.

This year is all about discipleship. We'll be spending more time in homes digging into the Word and getting to know each other. Yes, we'll still have fun stops along the way, but we're scaling back a bit to keep the cost down for you, while honing the spiritual impact of the weekend.

To join us, please turn in this registration form at the Connexions Counter in the Hub by Sunday, February 8th.

For FAQ's about Ignite, please visit: [www.thehub.org/ignite](http://www.thehub.org/ignite)



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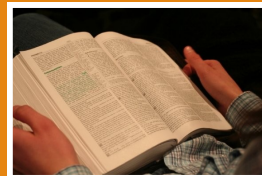
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# IGNITE Registration & Release

Name: \_\_\_\_\_ Gender : M F

Birthday: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Grade : \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

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

Home # : (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell # : (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Secondary contact in event of emergency: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Phone # : (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### ***Please supply all the following insurance information:***

Medical Insurance Company: \_\_\_\_\_

Group # : \_\_\_\_\_ Policy # : \_\_\_\_\_

Company / Claims Phone : (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### **Emergency Authorization:**

I hereby give permission to medical personnel selected by West Park Baptist Church's sponsor to order X-rays, routine tests, and treatment for my child. In the event of an emergency and neither the secondary contact or myself can be reached, I hereby give permission to the physician selected by West Park Baptist Church's sponsor to hospitalize, secure proper treatment, order injections and/or anesthesia and/or surgery for my child as named above. I further authorize the release of the above medical information to appropriate medical personnel and/or health coverage insurance company.

In addition, I have, and do hereby release West Park Baptist Church and its sponsors from liability associated with my child's participation in "Ignite". (February 17-19, 2012)

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**Signature of Parent/Guardian**

**Date**

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