

# Revivaltime

## NORTH DAKOTA YOUTH CONVENTION 2021

OCTOBER 21-23  
BISMARCK EVANGEL

### REGISTRATION

*Hand-In before **October 14, 2021***

- Travel Permission Form (page 2)
- Questionnaire Form (page 3)
- Registration Payment (covers NDYC21 ticket, hotel, transportation): **\$95.00**

### DEADLINE

- All forms and payment must be completed and returned to Northview YOUTH PRIOR TO Thursday, October 14, 2021!  
**\*\*ALL LATE REGISTRATIONS ACCEPTED AFTER OCTOBER 14, 2021 WILL INCURE A LATE FEE**

### PACKING LIST

- Meals will be at your student(s) own expense. Please bring enough money to cover four meals (two lunches and two suppers, about \$60). Continental breakfast is provided at the hotel.
- Swimsuit (We will be spending Friday, October 18, between services at the hotel for the free afternoon.)
  - Basketball shorts, other nylon shorts, sports bras, t-shirts, and other cotton apparel may not be worn at the hotel pool.
  - One piece bathing suits, tankini's or 2 piece bathing suits that do not tie in the back and provide full coverage are allowed (no bikini's permitted).
  - Speedo's are not allowed.
- Clothing for 3 days (Thurs Oct. 21, Fri Oct. 22, & Sat. Oct. 23)
- Bible, journal/notebook & pen.
- Dodgeball costume (if your student(s) signed up for dodgeball)

### SCHEDULE

- We will meet outside **Door 6** of Northview Church at **12:00 PM** on Thursday, October 21, 2021.
- We will return at approximately **4:00 PM** on Saturday, October 23, 2021 to Northview Church at Door 6.

### HOUSING

- We will be staying at the Comfort Inn. Their phone number is 701-223-4009.

**\*Keep this top page for your information.**

**\*\*Please complete and return the attached permission & questionnaire forms for Northview Church YOUTH.**

**\*\*\*Please write your checks to "Northview Church" and please write in the memo line the student(s) name whom it is for and the phrase "Youth Convention" (ex. "student name" Youth Convention).**

Contact Ryan at 701-425-4104 or [youth@northview.life](mailto:youth@northview.life) if you have any questions!

# YOUTH CONVENTION 2021

## SCHEDULE

### THURSDAY, OCTOBER 21

Church Check-In	2:30 - 5:15pm	Bismarck Evangel
Auditorium Doors Open	6:00pm	
<b>General Session</b>	<b>6:15pm</b>	<b>Bismarck Evangel</b>
Late Night Activity	10:00pm	Bismarck Evangel
Back to Hotel	12:00am	
Lights Out!	12:30am	

### FRIDAY, OCTOBER 22

Auditorium Doors Open	10:15am	
<b>General Session</b>	<b>10:30am</b>	<b>Bismarck Evangel</b>
<i>Afternoon Free</i>		
Auditorium Doors Open	6:00pm	
<b>General Session</b>	<b>6:15pm</b>	<b>Bismarck Evangel</b>
Late Night Activity (Dodgeball)	10:00pm	
Back to Hotel	12:00am	
Lights Out!	12:30am	

### SATURDAY, OCTOBER 23

Hotel Checkout	8:00 - 9:30am	
Auditorium Doors Open	9:45am	
<b>General Session</b>	<b>10:00am</b>	<b>Bismarck Evangel</b>

# ND YOUTH CONVENTION 2021

October 21 - 23, 2021

Grades 6-12 • Cost: \$95

*(Late fee applies after October 14th)*

Deadline: Thursday, October 14, 2021

Paid with:  Cash  Check  Credit Card Online

MAKE CHECKS PAYABLE TO NORTHVIEW CHURCH WITH "(child's first and last name) YOUTH CONVENTION" IN THE MEMO LINE  
ONE CHECK PER FAMILY IS ACCEPTED

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*\*\*Please fill in the entire bottom portion of this form.\*\**

## Permission & Emergency Release Form

Name of Child Participant: (PLEASE PRINT) Birth Date: \_\_\_\_\_ (MM/DD/YYYY)

I understand by signing this form I am giving permission for the listed student to participate in above described activity/event sponsored by Northview Church. The above described event could involve the risk of damages and risk of bodily injury. By signing this agreement, I, for myself and my successors and assigns, agree to not hold Northview Church, or its employees, volunteers or agents liable for damages, losses and injuries to the person or property of the listed student.

Northview Church is not responsible for personal belongings.

Inappropriate conduct by the student will result in the student being transported home at the parents' expense.

Pictures/Videos: I authorize Northview Church to use my child's likeness in photographs or video in any and all of its publications and other media. I will make no monetary or other claims against Northview Church for the use of such photos or videos.

## Medical Treatment Authorization

I hereby authorize any licensed physician, emergency medical technician, hospital or other medical or health care facility to treat the minor named herein for the purpose of attempting to treat or relieve any injury or illness received by said minor. I consent to any x-ray examination, anesthesia, medical, or surgical diagnosis or treatment and hospital care under the general or special supervision and upon the advice of or to be rendered by a licensed physician or surgeon. This authority also extends to any x-ray examination, anesthesia, dental, or surgical diagnosis or treatment and hospital care by a licensed dentist. I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment, and I assume any such risk for and on behalf of myself and said minor. I further agree to pay all charges for the dental, medical, or hospital care or treatments rendered to my child.

Parent/Guardian Name: \_\_\_\_\_ Second Parent/Emergency Contact: \_\_\_\_\_

Parent/Guardian Home #: \_\_\_\_\_ Second Parent/Emergency contact #: \_\_\_\_\_

Cell #: \_\_\_\_\_ Second Parent Cell #: \_\_\_\_\_

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

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

Medical Insurance: \_\_\_\_\_ Policy #: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Dr. Phone #: \_\_\_\_\_

Please list below any allergies, medical or security concerns: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Name (please print)

Parent/Guardian Signature

Date

# Questionnaire

*Please answer all the questions below:*

1. Would you like to participate in dodgeball? (*circle answer*)      Yes                      No

If you answered no, please move on to question 2.

If yes, please answer the following:

- Do you have a team? (*circle answer*)      Yes                      No

- If yes, what is the name of your team? \_\_\_\_\_

- If no, you will be placed on a team.

- What email should we update you about dodgeball team information?  
\_\_\_\_\_

2. As a participant registering with Northview YOUTH, we request for all students attending to sit with the group for all services. This is to help our leaders have an accurate account of where students are.

As a participant, I, \_\_\_\_\_(name), agree to sit with the group at each service. By signing this agreement, I understand that I am assisting the leaders in having an accurate account of where I am.

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

3. Please list the appropriate email address to send communications about this event to:

\_\_\_\_\_