

NJC Adventuree May 30-Jun 2, 2013 Application Form

Director _____ Church _____

Phone _____ E-mail _____

Registration Fee Per Person (Must attend Friday to Sunday, no Sabbath only)

Fee & Deadline	Total Cost
Early Bird Registration by April 18, 2013 (*100 pts)	# children _____ x \$20.00 = _____ # Adults/Staff _____ x \$20.00 = _____
Regular Registration by May 09, 2013 (*75 pts)	# children _____ x \$25.00 = _____ # Adults/Staff _____ x \$25.00 = _____
Late Registration by May 20, 2013 (*25 pts)	# children _____ x \$35.00 = _____ # Adults/Staff _____ x \$35.00 = _____
Sabbath Only	# persons _____ x \$10.00 = _____
# of 1 st time Adventurers _____	Total Club Registration Fee _____

Lodging (indicate # tents you will be bringing)

Each tent you bring is \$25.
(Kitchen Tent and First Aid Tent are free)

of Tent Sites _____ x \$25.00 = _____

Total Amount Due: _____

<p>Payment Options:</p> <p>_____ Check/Money Order _____ Visa/Master Card</p> <p>Card Holder Name (as it appears on card): _____</p> <p>Card # _____ Exp: ____/____ 3 Digit CCV: _____</p> <p>Complete Billing Address: _____</p> <p>Email: _____ Phone # _____</p> <p><small>*For event details, see your Adventuree Manual</small></p>	<p>Mail application and payment to: NJ Conference of SDA Attn: Youth Ministries 2303 Brunswick Ave. Lawrenceville NJ 08648</p> <p>Fax: 609.802.0894 Email: njyouth@njcsda.org</p> <p>For questions call 609.802.0873 or send us an email</p>
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T-shirt Sizes (Indicate Quantity)

	Youth:	S _____	M _____	L _____	XL _____
	Adult:	S _____	M _____	L _____	XL _____ 2XL _____

Check List: 2013 NJC Family Adventure

What must be received by May 20, 2013th?

1. Registration Form
2. Payment
3. Insurance Coverage List
4. Parental Photo/Video & Liability Release Form
5. Medical Attention Permission Form

What forms do I turn in at camp Check – In?

- Vehicle/Parking List





NJC of Seventh Day Adventist Inc.

Insurance Coverage List

**** For proof of insurance coverage under the NJ Conference, all participants must register their names with the NJC Youth Ministries Office *This list MUST be included with your Camporee Registration Form.***

Church: _____

Event/Date: NJC Family Adventuree May 30-June 2, 2013

Director: _____

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Group Leader 's Cell Phone: _____

First & Last Name
(please print clearly)

First & Last Name
(please print clearly)

2013 New Jersey Conference Family Adventure Vehicle/Parking Listing

Please list the vehicles belonging to your club and submit this form. This listing is for security purposes.

Club : _____ Director: _____

Church: _____

Vehicle Year, Make, & Model	Vehicle License Plate #
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

Parental Photo/Video & Liability Release Form

PARENTS OF MINORS 17 AND YOUNGER MUST COMPLETE THIS FORM



I, _____ hereby consent to and authorize the use and reproduction by the New Jersey Conference of Seventh Day Adventist Inc (NJC Youth Ministries Office), or anyone authorized by NJC Youth Ministries Office, of any and all photographs/video that have been taken of me and/or my child(ren) during NJC Youth Ministries events for any purpose, without compensation to me. All images--electronic, negatives and positives, together with the prints, are owned by NJC Youth Ministries. NJC Youth Ministries reserves the right to use these photographs/video in any of its print/electronic/web publications and video outputs.



I will not hold the NJC Youth Ministries or its members liable in any way for any injury sustained at _____ on _____, 20____ I also give my permission for those adults in charge to obtain any medical care they feel is necessary for my child(ren).



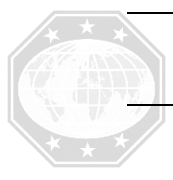
I hereby acknowledge that I have read and understood the terms of this release.

Allergy or medical information that relates to your child's health.



Child's Name (please print clearly)

Child's Name (please print clearly)



Child's Name (please print clearly)

Child's Name (please print clearly)

Child's Name (please print clearly)

Child's Name (please print clearly)

Please mail original copies to:
Youth Ministries
NJ Conference of Seventh Day Adventist Inc.
2303 Brunswick Avenue
Lawrenceville NJ 08048

Parent/Guardian Name (please print clearly)

Parent/Guardian Signature

Date

You must submit a copy of form & keep a copy on your person at all times



Medical Attention Permission Form

ADULTS 18 AND OLDER MUST COMPLETE THIS FORM

I _____ give permission to the NJC Youth Ministries, and those adults in charge, to obtain any medical care they feel is necessary on my behalf, during the _____ at _____ on _____, 20____ in the event that I become unconscious, incoherent, or am unable to obtain medical attention on my own.

I also will not hold the NJC Youth Ministries, or its members, liable in any way for any injury sustained.

Insurance Co. _____

Policy # _____

Please include any pertinent allergy or medical information that relates to your health.

Signature: _____

Phone: _____

Date: _____

You must submit a copy of form & keep a copy on your person at all times

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