

NJC ADVENTURER FUN DAY

September 22, 2013

DEADLINE: September 17 NO EXCEPTIONS

Club Name _____ Church _____
 Director _____ Phone _____
 Address _____
Street City State Zip Code
 Cell Phone _____ Email _____

Regular Registration \$15.00 per person *by August 22, 2013* (Including T-shirt & patch. No meals will be provided. Clubs must bring their own lunch.

Number of Little Lambs	_____ x \$15.00 = \$ _____
Number of Eager Beavers	_____ x \$15.00 = \$ _____
Number of Adventurers	_____ x \$15.00 = \$ _____
Number of Staff	_____ x \$15.00 = \$ _____

TOTAL	_____	TOTAL = \$ _____
		Total Enclosed \$ _____

Late Registration Fee \$18.00 per person *by Sept 17, 2013* (T-shirt not guaranteed)

Number of Little Lambs	_____ x \$18.00 = \$ _____
Number of Eager Beavers	_____ x \$18.00 = \$ _____
Number of Adventurers	_____ x \$18.00 = \$ _____
Number of Staff	_____ x \$18.00 = \$ _____

TOTAL	_____	TOTAL = \$ _____
		Total Enclosed \$ _____

Payment options: (please make checks/money orders payable to NJ Conference of SDA Inc.)

Check/Money Order Master Card/Visa

Cardholder Name _____ Phone _____

Complete Billing Address _____

Card Number _____ Exp Date _____ CVV _____

Please mail registration form WITH payment to:

New Jersey Conference Youth Ministries
2303 Brunswick Ave.
Lawrenceville NJ 08648

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NJC ADVENTURER FUN DAY
September 22, 2013 @TVRC

8 – 8.45 AM	Check-in
9 AM	Roll Call & Devotional
9.15 AM – 12 NN	Scheduled program and games
12 – 1.30 PM	Lunch (Clubs must bring their own lunch)
2 – 3 PM	Closing ceremony

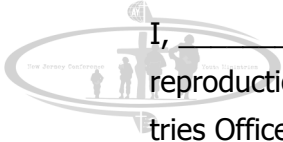
Requirements:

- Bring club banner for the Fun Day
- Be ready for Uniform Inspection: Clubs are to come in class C uniform (club t-shirt and jeans)
- Clubs need to bring water and first aid kit
- Must bring notarized club Health Forms to this event

REGISTRATION DEADLINE: SEPTEMBER 17 NO EXCEPTIONS

Parental Photo/Video & Liability Release Form

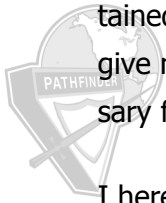
PARENTS OF MINORS 17 AND YOUNGER MUST COMPLETE THIS FORM



I, _____ hereby consent to and authorize the use and reproduction by the New Jersey Conference of Seventh Day Adventist Inc (NJ 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)

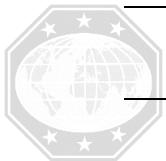
Child's Name (please print clearly)

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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Lawrenceville NJ 08048