

# CHRISTMAS INSTITUTE 2017

STUDENT FORM 1/4

## THREE WAYS TO SUBMIT YOUR REGISTRATION FORM:

- Give it to your CI youth representative
- Scan and e-mail to **hollercci@gmail.com**
- Snail mail to FFAUMC attn: Christmas Institute 110 Hancock Ave. Jersey City, NJ 07307

**\*\*Please use blue/black ink and fill in ALL fields (unless otherwise noted); incomplete forms will be returned\*\***

<b>1. NAME</b>		<b>4. PARENT/GUARDIAN</b>	
<b>NICKNAME</b>		<b>DATE OF BIRTH</b>	
<b>HOME ADDRESS</b>			
<b>2. GENDER</b> <input type="checkbox"/> M <input type="checkbox"/> F	<b>E-MAIL</b> (please print lowercase)		
<b>AGE</b>	<b>GRADE</b>		
	6 7 8 9 10 11 12 POST-HS		
<b>CHURCH</b> (if none, check here <input type="checkbox"/> )		<b>EMERGENCY CONTACT</b> (other than parent/guardian)*	
<b>INTEREST GROUP</b> (number in order of preference with 1 being the most preferred, and 3 being the least preferred) ____ Art      ____ Dance      ____ Music <i>NOTE: Although numbering your preferences facilitates assignment, it does not guarantee positive assignment</i>		<b>RELATION</b>	<b>CONTACT'S PHONE NUMBER(S)</b>
<b>3. ALLERGIES, CONDITIONS, ACTIVITY RESTRICTIONS</b> (attach additional pages if necessary; if none, check here <input type="checkbox"/> )		<b>6. MEDICAL INSURANCE</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (if none, skip box 6)	
<b>MEDICATIONS, TREATMENTS</b> (attach additional pages if necessary; if none, check here <input type="checkbox"/> )		<b>CARRIER</b>	
		<b>POLICY #</b>	
		<b>7. FAMILY PHYSICIAN</b>	<b>DATE OF LAST TETANUS SHOT</b>
		<b>PHYSICIAN PHONE NUMBER</b>	
<b>8. IN THE EVENT THAT I AM FILMED OR PHOTOGRAPHED DURING VARIOUS ACTIVITIES, I GIVE PERMISSION FOR MY IMAGE(S) AND/OR VOICE TO BE USED ON THE NECI WEBSITE AND IN FUTURE VIDEOS AND/OR BROCHURES</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			

I, \_\_\_\_\_, **have read** the CI Code of Conduct (attached to this form or online at [www.ne-ci.org](http://www.ne-ci.org)) and **understand** what is expected from me. I promise to abide by this code throughout CI, and am aware that any serious violations may result in early dismissal without refund, and with transportation at my own expense.

\_\_\_\_\_  
YOUTH SIGNATURE

\_\_\_\_\_  
DATE

\* In the event of an emergency, we will first contact the parent/guardian. If the parent/guardian cannot be reached, we will then attempt to contact the emergency contact person listed.

**AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT**

I have listed above my child, \_\_\_\_\_'s physical conditions or medical problems that may need attention and all medications regularly used by said minor. I understand failure to disclose medical information/condition may result in dismissal from Northeast Christmas Institute.

In case of the illness of my child, the staff of Northeast Christmas Institute will try to notify me (the parent/guardian) or if needed, whoever is listed as the emergency contact person; in the event there arises a medical emergency concerning my child, and neither I nor the emergency contact cannot be notified, I authorize Northeast Christmas Institute Camp to consent to any necessary X-ray examination, anesthetic, medical or surgical diagnosis or treatment, or hospital care.

**I hereby consent and give my permission to the Northeast Christmas Institute staff or any attending physician to make such decisions and to perform such medical treatments and/or surgery upon my child, that may, in their sole discretion, be necessary and proper under the circumstances.**

**GENERAL RELEASE AND WAIVER OF LIABILITY**

I DO RELEASE, ACQUIT, DISCHARGE, AND COVENANT TO HOLD HARMLESS NORTHEAST CHRISTMAS INSTITUTE STAFF, PERSONNEL, AND ITS REPRESENTATIVES FROM ANY ACTIONS, DAMAGES, OR LIABILITIES ARISING OUT OF ANY INJURIES OR PROPERTY DAMAGE SUSTAINED DURING THE PARTICIPATION IN THE CAMP AND/OR RESULTING FROM THE TREATMENT OF ANY ILLNESS, SICKNESS, OR ACCIDENT, INCURRED BY MY CHILD DURING HIS/HER STAY AT BAPTIST CAMP LEBANON.

In consideration for being permitted to attend Northeast Christmas Institute and participate in the activities conducted by the Camp, I, on behalf of my child, my legal representatives, heirs and assigns, do hereby release, waive, and forever discharge Northeast Christmas Institute, Baptist Camp Lebanon, and their officers, employees, volunteers, and agents, of and from any and all loss, damage, claim, demand, action or right of action, of whatever kind or nature, either in law or in equity arising from or by reason of any bodily injury or personal injuries known or unknown, death or property damage resulting or to result from any accident that may occur as a result of my or my child's participation in the camp activities or any activities in connection with the Northeast Christmas Institute, whether by negligence or not.

I agree that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of New Jersey, and that if any portion of this agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME

**\*\* DO NOT RETURN THIS SHEET \*\***  
**\*\* PLEASE KEEP IT FOR REFERENCE \*\***

### ARRIVAL & DEPARTURE TIME

- Please plan to arrive at Baptist Camp Lebanon (**79 Blossom Hill Rd. Lebanon, NJ**) by 3PM on Wednesday, December 27, 2017 to facilitate the registration process and orientation.
- CI ends on Saturday, December 30, 2017; please arrange a ride for your youth(s) around 3PM.

### CODE OF CONDUCT

- The retreat consists of several activities. Everyone (campers and counselors) is expected to attend and be on time for all of these activities, unless in cases of illness or health restriction.
- God deserves our full attention! Phones (as well as any other electronics) will be checked in upon arrival; campers may check them out at appropriate times.\*
- Automobiles will be considered “parked” for the duration of the retreat, except in the case of an emergency. Car keys must be checked in on the first day along with any electronics.
- Please respect camp property as well as the property of others. A bill will be sent to the camper's parents for any damages done to either one.
- Campers may not enter the cabins of the opposite sex, and are expected to treat each other with respect and brotherly love.
- Campers will refrain from inappropriate physical contact (e.g. sitting in laps, excessive embracing, piggybacking, holding hands, kissing, etc.) Please respect each other's physical space.
- Modest and decent dress is the general rule. Shorts and skirts must be knee length. Clothing that is tight, revealing, contains offensive pictures or language, or otherwise considered inappropriate by the counselors will not be allowed.
- No cursing or foul language.
- Keep track of your belongings; booklets must be carried and nametags worn at all times.
- The use of tobacco, alcoholic beverages, or illegal drugs of any kind is strictly prohibited. (See footnote on reverse side.)
- Anyone using medication must report to the camp nurse upon arrival at camp. Sickness and injury must be reported immediately.
- The camp dean reserves the right to dismiss and exclude from camp anyone who does not obey these regulations. If a camper is dismissed, there will be no refund of fees, and transportation will be at the camper's expense.

\* Parents/Guardians, please take note that campers are *checking in their phones!* This means that they will not carry them for the duration of CI, but will be allowed to check them out to call you during allotted time periods (between certain activities and in the evening). If there is an emergency, and a parent/guardian must contact their youth, the following counselors may be reached by phone call or text:

Jayson Reyes (908)967-0747

Aaron Mendigorin (908)425-6559

***Campers are responsible for informing their parents/guardians of these contact numbers.***

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### VISITOR POLICY

- Visitors MUST sign in at the main hall upon arrival, and sign out before departure. Photo ID may be requested.
- Visitors may only enter the main hall and the dining hall at the allotted times. Visitors may not enter the dormitories.
- Please bear in mind that the youths are here to learn about Christ; voices must be kept to a minimum during lessons and appropriate conduct observed.
- If a visitor's presence is deemed to be disruptive, staff members reserve the right to ask that visitor to leave.

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### CHECKLIST

#### **Make sure to bring:**

- Your Bible (if you don't have a Bible, one can be provided)
- A flashlight
- Warm clothes
- Sturdy shoes that you do not mind getting dirty
- Pillow and bed sheets/sleeping bag
- Bath towels
- Toothbrush, toothpaste
- Shampoo, soap, deodorant, etc.
- Shower sandals/slippers
- Medication (if needed)
- Something to write with
- An alarm clock (phones excluded)
- An open heart and focused mind ♥

#### **Do not bring\*:**

- × Knives or other weaponry
- × Firearms and/or ammunition
- × Fireworks or other explosives
- × Lighters or matches
- × Tobacco in any form
- × Illegal drugs & substances
- × Alcoholic beverages
- × Pornographic images or novels
- × Electronic games (plug-in or handheld)
- × Animals\*\*
- × A negative attitude

\* If any of these items are brought to CI, the item will be confiscated, and if necessary, local authorities will be contacted

\*\* If a service animal is required, please make note of it on the registration form, and let us know prior to CI by e-mailing [HollerCi@gmail.com](mailto:HollerCi@gmail.com)

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