

# Registration Form

## N.A.P.F.-H.O.P.E.

**Piedmont College June 25th-June 29th, 2017 (Sunday to Thursday)**

(A separate form must be filled out for each individual. Additional forms may be obtained from the NACCC Office or you may duplicate this one.)

**Important:** Please print legibly all information.

I am registering for: **N.A.P.F.** or **H.O.P.E.**  
(Circle one) Completed Grade 8 through 12 Graduated high school until the age of 27

I am registering as: NAPF Youth \_\_\_\_\_ NAPF Counselor \_\_\_\_\_ HOPE \_\_\_\_\_ CYM member \_\_\_\_\_

\_\_\_\_\_  
Last Name First Name MI Name to appear on nametag

\_\_\_\_\_  
Address City State Zip

Phone Number ( ) \_\_\_\_\_ Youth E-Mail Address \_\_\_\_\_

Cell number while traveling/at conference: ( ) \_\_\_\_\_

Age \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: M \_\_\_\_ F \_\_\_\_ T-Shirt Size S M L XL XXL  
(Circle one)

Circle grade to be **completed** in 2017 (N.A.P.F. registrants only): 8<sup>th</sup> 9<sup>th</sup> 10<sup>th</sup> 11<sup>th</sup> 12<sup>th</sup>

Church \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

(Please Note: To attend N.A.P.F. you must have completed 8<sup>th</sup> Grade. Graduating Seniors may attend either N.A.P.F. or H.O.P.E.)

I will be: Driving \_\_\_\_\_ Flying \_\_\_\_\_ (complete information box below) Traveling with my Church Group in a Van/Bus \_\_\_\_\_

I will be traveling with the \_\_\_\_\_ (Local church, state, or regional group)

**Included with this form \_\_\_\_\_ \$335.00 (\$150 deposit due by March 15, 2017. (Balance due May 15, 2017)**

**\_\_\_\_\_ \$410.00 (Fee after May 15, 2017. Due no later than June 10, 2017)**

I agree to abide by the rules and regulations below and to participate in the N.A.P.F. and H.O.P.E. programs and cooperate with the leadership of the conference.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Registrant)

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Parent or Guardian if under 18)

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Minister/Youth Director - **Signature Required**)

Conference Fee: **\$150.00** deposit and Registration Form due in the NACCC Office by **March 15, 2017**.

**The balance of the registration fee (\$185.00) will be due on May 15, 2017**

Late Registration of **\$410.00** will be charged for any registration postmarked **after March 15, 2017**. Space is **limited – if registration is received after March 15, 2017 there is no guarantee your registration can be honored.**

**Absence of any required signature will void this registration.**

**Scholarships are available – please check the NACCC website (NACCC.org)**

**Scholarship deadline is February 15, 2017**

**REGISTRATION FEE MUST ACCOMPANY THIS FORM (Over)**

## N.A.P.F. and H.O.P.E. Rules and Regulations

**ATTENDANCE:** You are not to leave the conference site. Extenuating circumstances may allow variations from the Directors only. Individuals with extenuating circumstances may contact Directors. You are expected to participate fully in all aspects of the N.A.P.F. or H.O.P.E. program and to respect the regulations and property of the host institution.

**DRESS:** No bare feet in the dining room or around campus. Please wear appropriate casual attire for a Christian conference. Shirts or T-shirts are always to be worn. Modest bathing suits required (one piece or tankini style for females).

**SMOKING:** Permitted only in designated areas in accordance with the host institution's policy and laws of the state.

**ALCOHOL:** Possession or use of any alcoholic beverages is forbidden. **DRUGS:** Except for individual medical prescriptions, the possession or use of drugs is forbidden. **AUTOS:** Not to be used during the conference.

**Infractions of the above will be subjected to review by a disciplinary committee and may result in dismissal from the conference at parents' or registrants' expense.**

**PUBLICITY RELEASE:** By signing this registration form the undersigned agrees to allow the possible use of photographs and/or verbal quotes of the attendee for published promotional materials including but not limited to direct mailings, advertising flyers and internet web site information and social media.

**Conference fee** includes lodging, meals (Sunday dinner through Thursday brunch), and all program costs. Registration deposits are non-refundable but are transferrable.

### IMPORTANT MEDICAL and DIETARY INFORMATION

Failure to supply any of the following information may result in our inability to assist the registrant according to their medical needs:

1. Is the registrant in good health and able to participate in all normal activities? Yes No

If **no**, please attach a statement indicating limitations.

2. Has the registrant ever received counseling or been treated for an emotional disorder? Yes No

If **yes**, please attach a statement of explanation (information is given to Directors only)

3. Date of last physical exam \_\_\_\_\_ Date of last Tetanus shot \_\_\_\_\_

4. Operations or serious injuries within the last 3 years: \_\_\_\_\_

5. Does the registrant experience/suffer from/react to: Allergies, fainting, flushing, itching, swelling, nausea, vomiting, shortness of breath, anaphylactic shock, asthma, diabetes, epilepsy, sulfa, hay fever, bee sting, tetanus, penicillin, etc?

Please describe: \_\_\_\_\_

6. Please list and explain all medication presently prescribed and its use:

\_\_\_\_\_  
\_\_\_\_\_

7. Any Drug/Environmental Allergies? \_\_\_\_\_

8. May youth take over the counter pain reliever if needed for headaches or pain? YES NO

9. Does the registrant request vegetarian meals? \_\_\_\_\_

10. Please list any other dietary restrictions: \_\_\_\_\_

### IN CASE OF EMERGENCY CONTACT

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Relationship \_\_\_\_\_ Dr.'s Name \_\_\_\_\_

Dr.'s Phone Number \_\_\_\_\_ Insurance Company \_\_\_\_\_

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

In case of medical emergency, I understand that every effort will be made to contact the "emergency contact" listed above. In the event that they cannot be reached, I hereby give my permission to the physician selected by the conference directors to hospitalize, secure proper treatment, and order injection, anesthetic, or surgery.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Registrant)

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Parent or Guardian if under 18)

Return Registration Form with appropriate Fee by March 15, 2017

Make Checks Payable to **NACCC**

Mail to: N.A.P.F.-H.O.P.E., NACCC, P.O. Box 288, Oak Creek, WI 53154-0288

**Absence of any required signature will void this registration.**