

Registration Form N.A.P.F.-H.O.P.E.

University of Alaska, Anchorage

Anchorage, AK

June 26 – July 2, 2010

(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 a: Youth _____ HOPER _____ Counselor _____ CIT _____ Co-Director _____ Officer _____

_____ Last Name _____ First Name _____ MI _____ Name to appear on nametag _____

_____ Address _____ City _____ State _____ Zip _____

Phone Number () _____ 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 recently **completed** in 2009-2010 (N.A.P.F. registrants only): 8th 9th 10th 11th 12th

Church _____ City _____ State _____

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

Before this, how many conferences have you attended? N.A.P.F. _____ 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)

If flying in and out of the Anchorage airport: This information MUST be provided to be included in shuttle – seats limited					
Flight Arrival _____		Shuttle 11:30 a.m. _____ 1:00 p.m. _____ (\$7.50)			
Date	Time	Airline	Flight Number		
Flight Departure _____		Shuttle 7:00 a.m. _____ 9:30 a.m. _____ (\$7.50)			
Date	Time	Airline	Flight Number		

Included with this form _____ **\$750.00 (\$250 deposit due before December 1, 2009 – balance due March 1, 2010)**
 (Check all that apply) _____ **\$900.00 Due no later than March 1, 2010**
 _____ **\$7.50 or \$15.00 Airport Shuttle Fee**

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: **\$250.00** deposit and Registration Form due in the NACCC Office by **December 1, 2009**.

Regular Registration of **\$900.00** will be charged for any registration postmarked **after December 1, 2009**.

The balance of the registration fee will be due on March 1, 2010

Space is limited – if registration is received after March 1, 2010 there is no guarantee your registration can be honored.

Absence of any required signature will void this registration.

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 Co-Directors only. Individuals with extenuating circumstances may contact Co-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. **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 subject 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.

Conference fee includes lodging, meals (Saturday dinner through Friday dinner), and accident insurance (injury only, not illness). Transfer of registration will be honored. Those who cancel before March 1, 2010, will be able to transfer paid registration fees to another attendee. **After March 1, 2010, no refunds will be issued.**

Transportation arrangements are the responsibility of the individual. Insurance for the conference is provided to the NACCC by the Hartford Company and by Church Mutual Insurance Company.

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 Co-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. Does the registrant request vegetarian meals? _____
8. Please list any other dietary restrictions: _____
9. May youth take over the counter pain reliever if needed for headaches or pain? **YES** **NO**

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 December 1, 2009

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.