



# NEXT GENERATION

UNITED METHODISTS  
OF GREATER NEW JERSEY

## Registration form Niños y Jovenes para Cristo Camp

Name of Camper/Volunteer \_\_\_\_\_ Phone number: \_\_\_\_\_

Name of father/mother /guardian: \_\_\_\_\_

Phone number at work: \_\_\_\_\_

Another number to get in touch with parent or guardian: \_\_\_\_\_

Address City/ State/Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male / Female

I, \_\_\_\_\_, as Parent or guardian of my child/youth , through this means give permission for my child / youth to participate in Niños y Jovenes para Cristo Camp/Retreat which will take place on Monday 08/06/18 until Friday 08/10/18 at Pinelands Center , Browns Mills NJ. Registration will start Monday at 10:00 a.m., departure Friday at 10:00 a.m.

I, \_\_\_\_\_, agree to not retain prejudices for damages or make any claims for compensation toward the people involved in this retreat including but not limited to volunteers working with children and youth, the represented churches, staff and employees of Pinelands Center in any responsibility, claim or law suit that could result from any injuries or loss occurring during the participation in this Retreat

I authorize, by this means a volunteer or staff to obtain medical care from a licensed medical staff, hospital of medical center in case of an emergency or if I cannot be reached.

Name of medical insurance \_\_\_\_\_ policy number \_\_\_\_\_

I do not have medical insurance and I will take all financial responsibility of a hospitalization or medical care of my child (ren)

I authorize a volunteer or personnel to administer any prescribed medications to my child that are in their original bottles with written instructions. I also authorize for my child to receive Acetaminophen for pain or fever, triple ointment antibiotic for scrapes, Diphenhydramine/ Hydrocortisone cream for insect/bites.

Other medical information which refers to medications, allergies or other medical conditions \_\_\_\_\_.

Dietary restrictions \_\_\_\_\_

Let it be known that pictures and videos of the participants may be used in publications, web sites or in reproducible materials at different churches, by volunteers, or Pinelands personnel. **If you do not wish your child to be in pictures or film, you need to inform us of this in writing.**

**T-shirt size:** Youth S \_\_, M \_\_, L \_\_ (for Niños), Adult S \_\_, M \_\_, L \_\_, XL \_\_, 2XL \_\_, 3XL \_\_ (for Jovenes)

Signature of parent (guardian)/ volunteer \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*Please make check/ payments to Pinelands Center \*\*\*\*\*