

**LOCAL YOUTH FOR CHRIST / NORTHERN OHIO TRIP PLANNED TO  
NIAGARA 2007 YOUTH CONFERENCE**

**Dec. 27-30, 2007**

**Niagara, New York**

Niagara 2007 - is an interdenominational Christian Youth Event for Junior and Senior High School Students grades 7-12

The Niagara 2007 theme is **"The EXODUS – Let My People Go!"**

The mission of Niagara 2007 is to give every participant the opportunity to encounter Jesus Christ in a life changing way and to teach every person how to walk in victory over sin. To provide training for ministry and give a hands on opportunity to make a difference for Christ both at Niagara 2007 and beyond! It is a multi-denomination, multi-ethnic youth event that bridges the gap between race, church affiliation and geographic divides. Each year, many students have committed their lives to Christ for the first time while at the Annual Niagara conference

The local area volunteers of Youth for Christ / Northern Ohio and their area school Campus Life Clubs and Bible Studies combined with Bellevue Touch the Heart Ministries are planning a trip to this conference for area youth. Area youth, youth leaders, and parents are invited to come! The Niagara 2007 three day event features nationally known speakers, training for all ages, Christian worship artists, and more!

The website for the Niagara 2007 Conference is: [www.JoshuaRevolution.org](http://www.JoshuaRevolution.org)

Or you may call **1-888-415-5437** for more information

**The local Youth for Christ / Northern Ohio website is: [www.northernohioyfc.org](http://www.northernohioyfc.org) and [www.yfcsv.org](http://www.yfcsv.org)**

For information on how to travel along as part of the local group attending this conference, contact one of the local area contact persons listed below. Conference delegates will stay four to a room in the Crown Plaza Hotel, directly connected to the Niagara 2007 Conference Center. Chartered bus seats are limited to 44 students and 11 adult chaperones and are filling fast!

**Cost of this trip is as follows. NOTE: Candy and other fund raisers are available. Scholarships may be applied for in financially challenged situations! NO ONE should feel unable to go due to a financial situation!**

**Conference Registration Cost:**

\$99 - if postmarked by October 8, 2007 (Cost goes up to \$109 after Oct. 8<sup>th</sup>)

\$109 - if postmarked by November 21, 2007 (Cost goes up to \$119 after Nov. 21<sup>st</sup>)

\$119 – if postmarked AFTER November 21, 2007

**Registration fees are NON-REFUNDABLE! However, Registrations are TRANSFERABLE in case you cancel!**

**Lodging Cost:**

\$60.00 - Is required to be postmarked by Dec. 10, 2007. Lodging fees are NON-REFUNDABLE but are transferable.

**ALL CHECKS FOR THIS TRIP SHALL BE PAYABLE TO:**

**Youth for Christ / Northern Ohio or YFC/NO**

**ALL CHECKS AND REGISTRATION FORMS SHALL BE MAILED TO THE FOLLOWING ADDRESS according to the registration and lodging money due dates listed above. Contact us in regards to fundraising and scholarships.**

<b>MAIL TO:</b>	<b>For questions, Please call one of the following:</b>
<b>Youth for Christ/NO – Niagara 2007 Trip Registrations</b>	<b>Marv Meyer Trip Group Leader - 419-483-7694 Bellevue</b>
<b>412 Sixth St.</b>	<b>Marilyn Missler - 419-332-4375 (Fremont) Trip Secretary</b>
<b>Fremont, OH 43420</b>	<b>John Fehl - 419-334-2393 (Fremont) Trip Planning Coach</b>
	<b>Beth Shanabrook- 419-447-9498 (Tiffin)</b>
	<b>(Call for additional information for fundraising &amp;</b>
	<b>Scholarship Applications)</b>

**Food Cost: All delegates are to bring food money and should budget \$20 / per day (\$80 total).**

**Some 'group' meals may be planned. Details will be discussed at the pre-departure meeting in Dec.**

**All delegates MUST complete ALL three attached Niagara 2007 registration forms and send their registration check in order to secure their bus seat! NOTE: All fill-in blanks and signatures of all Registration Forms MUST be completed including the 'Witness' signature blocks.**

**All student delegates, their parent(s) or legal guardian(s), and chaperones will be required to attend at least one pre-departure delegate meeting! The meeting will be scheduled in December. The specific date, time, and location will be announced later.**

**Once each person has mailed in their completed registration forms and pays the full registration costs (either by full payment or through an applied for and approved scholarship), they will have then secured a bus seat!**

**All THREE REQUIRED FORMS MUST BE COMPLETED AND SIGNED**  
**PAGE 1 OF 3**

**Niagara 2007 - Individual Registration Form (copy as needed)**

*Each Individual attending Niagara 2007 with this Group (student or chaperons) must fill out this form and turn it with your registration fees to your Group's mailing address. The Group Leader will bring all completed forms to conference registration on December 27, 2007 DO NOT mail to Joshua Revolution!!! Students who do not have an Individual Registration form filled out and in hand at conference registration WILL NOT be able to receive their wristband and participate in Niagara 2007*

Section A. **Group Name:** Youth For Christ/NO / Bellevue Touch the Heart **Group #:** N070065

**First name** \_\_\_\_\_ **MI** \_\_\_\_\_ **Last Name** \_\_\_\_\_  
**Street address** \_\_\_\_\_  
**City** \_\_\_\_\_ **State/Province** \_\_\_\_\_ **Zip/Postal** \_\_\_\_\_ **County** \_\_\_\_\_  
**Phone ( )** \_\_\_\_\_ **Email** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_  
**School** \_\_\_\_\_ **Year of Graduation** \_\_\_\_\_

Please indicate which of the following describes you (check all that apply)

Male     Female     High School Student     Jr. High Student  
 Senior Pastor     Youth Pastor     Group leader     Adult Chaperone     Parent

**Section B. Release Form**

NO INDIVIDUAL WILL BE REGISTERED OR ADMITTED TO NIAGARA 2007 WITHOUT COMPLETING AND SIGNING THE FOLLOWING:  
Each student registrant must have his/her parent or guardian sign this release. Each adult registrant must sign the release him/herself. "Having been made aware of the activities the registrant will be doing, I hereby consent to the registrant's participation in Niagara 2007. I indemnify, defend and hold harmless Niagara 2007 for all claims and liabilities assessed against them as a result of the registrant's activities. Further, in case of emergency, I understand that every effort will be made to contact parents or guardians of minor registrants. However, if parents or guardians cannot be reached, or if I, the below signed registrant, am 18 years of age or older, I hereby give Niagara 2007 and/or church group leader permission to act on my behalf in seeking medical treatment in the event that such treatment is deemed necessary or advisable for the registrant's health, safety and welfare. I give permission to those administering medical treatment to do so, using the measures deemed necessary. I release Niagara 2007 and all medical providers from liability in acting on my behalf in this regard and rendering such medical treatment. I assume the risk of financial responsibility for any injury resulting from the registrant's activities."

Check the item that applies:  Parent     Guardian     Registrant over 18

Signature: \_\_\_\_\_ Witness \_\_\_\_\_

*If you are a Parent or Guardian of a registrant who is under 18 years of age, please print your name in the boxes below,*

**Fist Name** \_\_\_\_\_ **MI** \_\_\_\_\_ **Last Name** \_\_\_\_\_

**Emergency Contact's Name:** \_\_\_\_\_ **Day Phone:** \_\_\_\_\_ **Eve. Phone:** \_\_\_\_\_

**Physician's Name:** \_\_\_\_\_ **Day Phone:** \_\_\_\_\_ **Eve. Phone:** \_\_\_\_\_

Please list any medical conditions, allergies, or other disabilities or impairments that should be disclosed to any medical provider should a medical need arise at Niagara 2007: (use back for additional space)

The registrant is currently covered under a current health insurance policy, which will be in effect during the conference. Use the following information in case of emergency:

**Name of Health Insurance Company:** \_\_\_\_\_

**Health Insurance Policy Number:** \_\_\_\_\_

CIRCLE WHICH PORTION(S) BELOW YOU ARE PAYING TODAY!  
REMEMBER ALL FUNDS ARE NON-REFUNDABLE but ARE TRANSFERABLE!:

\$99-if postmark by Oct. 8, 2007    \$109-if postmark by Nov. 21, 2007    \$119-after Nov. 21, 2007    \$60-Lodging Cost

ALL CHECKS FOR TRIP SHALL BE PAYABLE TO: "Youth for Christ / NO"

Mail ALL FORMS & CHECKS to: Youth for Christ/NO-Niagara 2007 Trip, c/o: 412 Sixth St., Fremont OH 43420

Call for information on: Fundraisers available and Registration Scholarship Applications!

**Marilyn: 419-332-4375    Marv: 419-483-7694    Beth: 419-447-9498    John 419-334-2393**

**ALL THREE REQUIRED FORMS MUST BE COMPLETED AND SIGNED  
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Youth for Christ/NO and Bellevue Touch the Heart Ministries Authorization  
for Medical Treatment Form (Copy as Needed)

Please Print

Participant's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Ph (\_\_\_\_) \_\_\_\_\_

Authorization for Medical Treatment: This release and consent gives Youth for Christ/NO and / or Bellevue Touch the Heart Ministries permission to take my child to the nearest available medical facility and have any necessary emergency treatment administered.

I understand that every effort will be made to contact me. However, in case of emergency, if I cannot be reached, I hereby give Youth for Christ / NO and / or Bellevue Touch the Heart Ministries permission to act on my behalf in seeking medical treatment by qualified personnel for my child in the event that such treatment is deemed necessary or advisable for my child's health, safety and welfare. I release Youth for Christ/NO and Bellevue Touch the Heart Ministries and all medical providers from liability in acting on my behalf in this regard in rendering such medical treatment.

In an emergency, you may call the person listed below in the event a parent cannot be reached:

Name: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Comments regarding my child's medical history, allergies, or drug reactions, etc , which may be needed in the case of any emergency treatment:

List Current Medications: (Medications must be sent with participant in their original containers.)

<u>Medication name</u>	<u>For</u>	<u>Dosage</u>
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Health Insurance Co.: \_\_\_\_\_ Group No.: \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_

Insured under whose name?: \_\_\_\_\_ SS# of insured \_\_\_\_\_

Participant's Doctor: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Not Currently Insured? Circle one: Yes No — Youth for Christ reserves the right to subrogation if it is later determined that personal medical insurance was in place. Youth for Christ and Bellevue Touch the Heart is compliant with the Health Insurance Portability and Accountability Act (or HIPPA).

NOTE: I understand that my personal insurance will be primary coverage for any accident and that Youth for Christ's insurance is secondary up to a maximum of \$25,000 (\$750 for dental claims). Youth for Christ's policy does not cover illnesses. If you have questions, please contact Youth for Christ Insurance Department at (303) 843-6790.

**I have read and understand both sides of this agreement.**

**Signature Required:** \_\_\_\_\_

DATE: \_\_\_\_\_

Relationship to Participant (Circle one): Parent Guardian

ALL THREE REQUIRED FORMS MUST BE COMPLETED AND SIGNED  
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Youth for Christ/NO and Bellevue Touch the Heart Ministries  
**Release of Liability, Consent, and Code of Conduct Form**  
**(Copy as Needed)**

Please Print:

For: Niagara 2007 Conference Trip  
(Name of event)

Dates: Dec. 27 - 30, 2007  
(Inclusive dates)

Affiliated with: Youth for Christ/NO and Bellevue Touch the Heart Ministries Phone: (419) 483-7694  
(Name of chapter / organizations) (Niagara 2007 Trip Leader ph.)

Name of Person in Charge of Group Trip: Mr. Marvin Meyer – Niagara 2007 Trip Group Leader

Name of Participant: \_\_\_\_\_ Birth date: \_\_\_\_\_

Address of Participant: \_\_\_\_\_  
(City) (State) (Zip Code) (Phone)

**Release of Liability:** I understand that participating in Youth for Christ/NO or Bellevue Touch the Heart Ministries' activities is a privilege. In consideration of this privilege, I release Youth for Christ/NO and Bellevue Touch the Heart Ministries including its directors, volunteers, employees, and agents from any physical injury including death or illness while participating at this Niagara 2007 Conference activity, including the Youth for Christ sponsored transportation to and from this activity (Niagara 2007).

I understand that my child and/or I may participate in any number of activities, some of which include, but are not limited to, recreational activities and games. I understand that there are certain risks associated with any activity, I will assume responsibility for these risks, whether known or unknown to me at this time. This release is also intended to include all claims of my family, estate, heirs, personal representative or assigns.

If I am under 18, my parent or guardian, by signing below, also consents to my release and he or she agrees that this release shall be binding upon him or her as my parent or guardian as to me and my estate, heirs, personal representatives and assigns. My parent or guardian also promises, by signing below to defend, indemnify and hold Youth for Christ/NO and Bellevue Touch the Heart Ministries harmless from any claim asserted by me against Youth for Christ/NO and Bellevue Touch the Heart Ministries, including their directors, volunteers, employees and agents, if I should repudiate this release after obtaining adulthood.

**Consent:** I hereby grant permission to Youth for Christ/NO and Bellevue Touch the Heart Ministries the right to use, reproduce, and/or distribute photographs, films, video-tapes, and sound recordings of my child, without compensation or approval rights, for use in materials created for purposes of promoting the activities of Youth for Christ/NO and Bellevue Touch the Heart Ministries.

**Code of Conduct:** It is the desire to provide the best possible atmosphere throughout this event. Students are expected to cooperate with all staff at all times and to participate in all scheduled activities. Possession and/or use of alcoholic beverages and/or any type of drugs or tobacco are strictly prohibited. Failure to remain within these guidelines at any time is cause for the student's immediate return home at the parent's / guardian's expense.

I have read and understand this agreement entirely.

Signature Required: \_\_\_\_\_ Date: \_\_\_\_\_  
Relationship to Participant (Circle one): Parent Guardian

Signature of minor participant: \_\_\_\_\_ Date: \_\_\_\_\_  
(If participant is emancipated, proof must be provided prior to activity)