

**Basking Ridge Presbyterian Church Registration**  
**Middle School (Completed 6<sup>th</sup> – 8<sup>th</sup> Grade)**  
**JERSEY SHORE WORKCAMP**  
*“Anchored in Hope”*  
**Wednesday, August 7 – Sunday, August 11, 2019**



**Doing beach clean-up**



**Cooking for families in need**



**Removing invasive plants**



**Serving at soup kitchens**

**MISSION of SERVICE PROJECTS:** To make and nurture disciples of Christ through service and learning

**VISION:** To spend a block of time where our youth will experience the community of Christ and be encouraged to respond to God’s call to service in the world

**WHO:** Middle School Youth (completed 6<sup>th</sup> – 8<sup>th</sup> grade), Advisors/Parents/Relatives and friends of youth

**SERVICE:**

- 1) On Thursday and Friday mornings, we will volunteer at Gateway National Park in Sandy Hook, helping a biologist to identify and remove invasive plant series, doing beach clean-up and more. On Friday afternoon, we will cook and serve dinner to families of sick children at Ronald McDonald House in W. Long Branch.
- 2) On Saturday, we will prepare and serve lunch at Trinity Church’s soup kitchen in Asbury Park. While there, we will also have a tour and an informative discussion about food justice.

**SPIRITUAL:** Youth will co-lead our interactive devotions and Bible studies, with advisors’ support.

**ACCOMMODATIONS:** We will stay at the Point Pleasant Presbyterian Church, which became a Sandy relief host site for work teams. We’ll use their separate male and female bunk rooms with beds and showers.

**SOCIAL:** At Gateway National Park, we will swim and take a canoe cruise in the Sandy Hook Bay, led by a Park Ranger. We will also go to the Point Pleasant Boardwalk one evening. Back at the church we will have time to play fun indoor and outdoor games.

**MEALS:** We will eat breakfast at church and pack lunches to take with us. Dinners will be at church, on the Boardwalk, and at a local shore restaurant. Special dietary needs are easily accommodated.

**COST PER PERSON:** (Please indicate on registration form if financial aid is needed.)

<b>Church Members – if registration is received by May 5</b>	<b>\$150</b>
<b>Church Members – if registration s received after May 5</b>	<b>\$200</b>
<b>Friends of BRPC</b>	<b>\$200</b>



Enjoying fun activities and celebrating the wonder of God’s creation at our beautiful Jersey beach towns!

**Registration form for BRPC Middle School Workcamp at the Jersey Shore  
August 7 – 11, 2019**

Name of Youth: \_\_\_\_\_ Youth's Grade in 2019-20: \_\_\_\_\_

Cell phone of youth: \_\_\_\_\_

Cell phone of parent/guardian: \_\_\_\_\_

E-Mail of Parent/guardian: \_\_\_\_\_  
(If you receive Cathi's regular e-mails, just write N/A)

**FOR YOUTH - CHECK ALL THAT APPLY:**

- I give permission for my child to attend the Middle School Workcamp on August 7 – 11, 2019
- My child can only attend part of the trip (list details):  
\_\_\_\_\_  
\_\_\_\_\_
- Enclosed is the 2019 – 20 Youth Medical Consent Form
- I have attached a copy of my medical card OR \_\_\_\_\_ I don't have insurance or an insurance card
- Enclosed is the payment of \$ \_\_\_\_\_.
- I need financial assistance and am paying \$ \_\_\_\_\_ of the total cost.
- Size of T-shirt for youth: (Youth M, L, Adult S – XXXL): \_\_\_\_\_

**FOR ADULTS (Advisors/Parents/Relatives) – YOU ARE NEEDED!! CHECK ALL THAT APPLY:**

- I would like to make a tax deductible contribution of \$ \_\_\_\_\_ to help with extra trip expenses.
- I (or a family member) would like to attend \_\_\_\_\_ (print name).  
NOTE: We need caring adults to make this trip a reality.
- I can only attend part of the trip (list details): \_\_\_\_\_
- I am willing to drive and have \_\_\_\_\_ seatbelts (including myself).
- Enclosed is the 2019 – 20 Adult Medical Consent Form.
- Size of T-shirt for adult: (Adult S – XXXL): \_\_\_\_\_

\_\_\_\_\_  
Adult Signature

\_\_\_\_\_  
Date

Questions – Call Cathi's cell: (908)-240-2060 or email her: [cathi@brpc.org](mailto:cathi@brpc.org)  
Return to Cathi Reckenbeil ASAP at:  
BRPC, Attn: Cathi, 1 E. Oak St., Basking Ridge, NJ 07920

# ADULT MEDICAL CONSENT FORM for May 1, 2019 - October 1, 2020

Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
Address \_\_\_\_\_ Cell \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Family doctor \_\_\_\_\_ Phone \_\_\_\_\_  
Next of Kin to call: \_\_\_\_\_ Cell \_\_\_\_\_  
Other Emergency names / phone number(s) \_\_\_\_\_

While participating in activities/events/trips sponsored by The Presbyterian Church, Basking Ridge, NJ, the undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with medical and dental services rendered to above named individual. Should it be necessary to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

The undersigned does also release The Presbyterian Church, Basking Ridge, NJ, its employees and volunteers from any responsibility and liability for injury, damages or loss occurring during the aforementioned activity and assumes all risks in the use and enjoyment of the activity/event/trip.

Insurance company \_\_\_\_\_ Policy number \_\_\_\_\_  
Group number \_\_\_\_\_

\_\_\_\_\_  
Name (please print) Signature Date

\_\_\_\_\_ I have attached a copy of medical card or have scanned and emailed it to [jleotti@brpc.org](mailto:jleotti@brpc.org)

Please list any allergies (to medication or food) or medical concerns you may have:  
\_\_\_\_\_  
\_\_\_\_\_

Please list any other pertinent information: \_\_\_\_\_  
\_\_\_\_\_

List any and all medication you are presently taking (this information is kept confidential):

Name of medication	Dosage	Reason for medication

Date of last tetanus shot \_\_\_\_\_ Blood type (if known) \_\_\_\_\_

Are you currently being treated for any medical problems? \_\_\_ Yes \_\_\_ No

If so, please provide the following: Medical condition being treated \_\_\_\_\_

Any other pertinent Doctors you are seeing / telephone number \_\_\_\_\_

# YOUTH MEDICAL CONSENT FORM for April 25, 2019 - October 1, 2020

Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_  
 Address \_\_\_\_\_ Youth Cell \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 School \_\_\_\_\_ Grade \_\_\_\_\_  
 Parent/Guardian name \_\_\_\_\_ Family doctor \_\_\_\_\_  
 Cell phone \_\_\_\_\_ Phone \_\_\_\_\_  
 Parent/Guardian name \_\_\_\_\_  
 Cell Phone \_\_\_\_\_ Last tetanus shot \_\_\_\_\_ Blood type (if known) \_\_\_\_\_

The undersigned does hereby give permission for our (my) child \_\_\_\_\_, to attend & participate in **all youth fellowship events** sponsored by The Presbyterian Church, Basking Ridge, NJ.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with medical and dental services rendered to above named individual pursuant to this authorization. Should it be necessary for our/my child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs. The undersigned does also hereby give permission for our/my child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by The Presbyterian Church, Basking Ridge, NJ. The undersigned does also release The Presbyterian Church, Basking Ridge, NJ, its employees and volunteers from any responsibility and liability for injury, damages or loss occurring during the aforementioned activity to our/my child who, with the undersigned, assumes all risks in the use & enjoyment of said activity.

\_\_\_\_\_  
 Parent or legal guardian name (please print)                      Signature of Parent or legal guardian                      Date

Insurance company \_\_\_\_\_ Policy number \_\_\_\_\_  
 \_\_\_\_\_ YES, I have attached a copy of current medical card to this form (This is REQUIRED, if youth is insured.)

Please list any ALLERGIES (to medication or food) and any MEDICAL or EMOTIONAL concerns your child may have:  
 \_\_\_\_\_  
 \_\_\_\_\_

Please list any other pertinent information: \_\_\_\_\_  
 \_\_\_\_\_

List any and all medication youth is presently taking (this information is kept confidential): (You may continue on back)

Name of medication	Dosage	Reason for medication	Can your child self-medicate?

Is the youth currently being treated for any medical/emotional problems? \_\_\_ Yes \_\_\_ NO  
 If so, please provide the following: condition being treated \_\_\_\_\_  
 Doctor's name & telephone number (if different from above) \_\_\_\_\_

Do we have your permission to post your child's photo on our website/social media? \_\_\_ Yes \_\_\_ No  
 (NOTE: Names will NOT be included in any postings – just the photo.)