

NovusWay Ministries

YOUTH REGISTRATION FORM

Name of Program* _____ Dates* _____ Location*

- ☐ Lutheridge (NC)
- ☐ Lutherock (NC)
- ☐ Luther Springs (FL)

Participant Name* (Full Name) _____

Gender* (M / F) _____ DOB* (MM/DD/YYYY) _____ Grade* (Currently-In or Just Completed) _____

Household Information

Parent/Guardian Name* (Full Name) _____ Relation _____ DOB* (MM/DD/YYYY) _____

Email Address* (abc@123.com) _____ Home Phone _____ Cell Phone _____

Parent/Guardian Name* (Full Name) _____ Relation _____ DOB* (MM/DD/YYYY) _____

Email Address* (abc@123.com) _____ Home Phone _____ Cell Phone _____

Street Address* (123 Somewhere St, Apt. 5) _____ City, State Zip* (City, ST 12345) _____

Church Name (Where you attend) _____ Church Location (City, State) _____

Emergency Contacts

Name _____ Relation _____ Phone Number _____

Name _____ Relation _____ Phone Number _____

Additional Information

Roommate Request* (Full Name)

Dietary Need / Food Allergies

Other Concerns (Mobility, Behavior, etc.)

Permission to Photograph _____ (Y/N)
Photographs taken while at camp may be used in social media posts or in printed publications.

Permission to Transport _____ (Y/N)
Permission to transport camper off site for adventure activities or in the event of an emergency.

PERMISSION TO TREAT: The Person this registration is for has permission to engage in all camp activities except as noted. I hereby give my permission to NovusWay Ministries to provide routine health care, administer prescribed medications and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for insurance purposes. I give permission for the camp to arrange necessary, related transportation for me/my child. In the event that I or the emergency contact cannot be reached in an emergency I hereby give permission to the Health Care Provider selected by the camp to secure and administer treatment, including hospitalization, for the person named in this form. This completed registration form may be printed/copied for trips off camp.

Parent/Guardian Signature

Date

Billing Information

Select your payment method below. (Deposits are due at the time of registration)

Personal Billing Information

I plan to pay camp fees _____ (Y/N)

Total Amount (Dollar amount to be charged today)

Name on the Card

Card Number

Expiration (MM/YY)

CVC (123)

Signature* (You agree to be charged the above amount)

Church Billing Information

Bill my church for camp fees _____ (Y/N)

Total Amount (Dollar amount to be billed to church)

Church Name

Street Address

City,State

Zip

For More Information Contact The Registration Office at: 828-209-6302, registration@novusway.org 2049 Upper Laurel Drive, Arden NC 28704