

SSC Registration Form

2024 WINTER STUDENT SPIRITUAL CONVOCATION

ELIZABETH, NJ / QUEENS, NY

	J1 SSC	J2 SSC
Dates:	Saturday, 12/21/2024 (5:30pm) - Thursday, 12/26/2024 (4:00pm)	
Venue:	Elizabeth Church, NJ 339 Elmora Ave, Elizabeth, NJ 07208	Queens Church, NY 96-02 95th Ave Ozone Park, NY 11416

Instructions: Please return the completed form to the RE Coordinator by **11/16/2024**

***Remote area members:** Please scan and email the form to EastRegionSSC@tjc.org by **11/16/2024**

***Truth Seekers:** Please seek approval from the local Church Council **and** SSC Coordinator first

Participant Information

Last Name		First Name		Middle Initial		Class to attend	
Gender <input type="checkbox"/> M <input type="checkbox"/> F		Local Church Affiliation		Birth Year	Age	Grade(As of September)	<input type="checkbox"/> J1 (Grades 7 to 9) <input type="checkbox"/> J2 (Grades 10 to 12)
Student Email Address				Parent/Guardian Email Address			
Have you received Water Baptism? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you received the Holy Spirit? <input type="checkbox"/> Yes <input type="checkbox"/> No		Can you serve as pianist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Can you serve as hymn leader? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have any allergies or medical conditions that require special attention? <input type="checkbox"/> No <input type="checkbox"/> Yes _____				Do you need a translation? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you need a sleeping bag? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Emergency Contact Name		Relationship		Contact Daytime Phone #		Contact Evening Phone #	

Dress code is conservative church attire. Appropriate hairstyles and hair color are required.

The following are not appropriate: backless sandals, sleeveless/see-through tops, low necklines, skirts falling above the knee, low-risers, tight or baggy pants, clothing that shows the belly button or underwear.

By signing below, I have read and agreed with the above statements.

Printed Name of Participant

Signature of Participant

Date

General Media Release

- ☐ Yes, I agree to the following: I hereby grant the True Jesus Church and its authorized employees and agents permission to copy, exhibit, use, take, edit, distribute and/or publish my child's photographic likeness, name, voice, and/or image, in whole or in part, as it relates to my child's participation in this event, for any lawful purposes. Said publication may be via photographs, videos or other media formats. I further grant the General Assembly of the True Jesus Church the same permission to use any written or verbal statements or testimonies made by my child. It is understood that no monetary compensation has been paid and no fee or compensation shall be due to me for giving the aforementioned permissions.
- ☐ No, I choose to opt out of this media release. I understand that my child will not be included in events such as group photos or any formal presentations that will be recorded.

Medical Consent and Liability Release

I give permission to the church personnel, in the case of an emergency and no contact indicated above can be reached, to arrange for Participant to be taken to the emergency room. I also authorize the hospital medical personnel to administer any necessary and required medical care on Participant. In consideration for Participant being permitted to participate in this event and related activities, I, on behalf of myself, Participant, my next of kin, heirs and representatives, shall not bring a legal suit, enforce any legal rights; and hereby release, waive, discharge, hold harmless, indemnify and perpetually defend the General Assembly of the True Jesus Church, the True Jesus Church, and its employees, officers, volunteers and agents (collectively "TJC") for any and all known or unknown, foreseen or unforeseen, bodily or personal injuries, death and permanent injury, illnesses, damage to property, or other losses, and any consequences thereof, including expenses, costs, and attorney's fees, as may be sustained by me and Participant arising out of or in any way associated with the participation of Participant in the given program, travel incident thereto, whether by negligence or not to the fullest extent permitted by law. I understand and fully acknowledge that the participation of Participant in these activities is voluntary and solely at our own risk and we assume full legal and non-legal responsibility.

By signing below, I acknowledge that I have read and agreed with the above statements.

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date

Note: All participants are requested to attend full-time and to lodge at church.

(This requirement is to allow students to focus and to minimize distractions during SSC.)

SSC Transportation Information (For Out-of-Town Students only)

Name		Mobile Phone		Church	
Arrival Information			Departure Information		
Date of Arrival		Time of Arrival	Date of Departure		Time of Departure
Flight, Bus, or Train No.	Place of Arrival (Airport, Bus or Train Station)		Flight, Bus, Train No.	Place of Departure (Airport, Bus or Train Station)	
Facilitation Request (Early Arrival or Extended Stay)					