

“HOPE NOW” DEL-PENN YOUTH CONVENTION

Thursday April 18th – Saturday April 20th, 2019

The GIANT Center – Hershey, PA

WHAT: Del-Penn Youth Convention is a chance for you to join over 7,000 students and leaders from across Delaware and Pennsylvania to be challenged through great preaching, to be encouraged through powerful worship, and to spend time with God so He can do a great work in all of our lives! This is a two-day convention for students in 7th-12th grade that will take place in Hershey, PA – and the trip ends with a day at Hershey Park!

WHO: Del-Penn Youth Convention is available to students in **7th-12th grade** who regularly attend Impact City Youth and New City Church.

WHEN: Del-Penn Youth Convention will take place over Easter Weekend. We will be leaving New City Church at **11:30am on Thursday April 18th** and we will return to New City Church around **9:00pm on Saturday April 20th**.

WHERE: We will be staying **TWO** nights at *The Comfort Suites (320 Milroy Road, Hummelstown, PA 17036)*. The Comfort Suites Hotel has a pool and offers Continental Breakfast each morning. We will be housing our students with four (4) people in each room in order to cut the overall cost for booking this hotel. All other activities will take place at the GIANT Center Arena in Hershey, at local restaurants for meals, and the weekend will conclude with a trip to Hershey Park on Saturday.

COST: The overall cost per student will be **\$135**. This will cover Convention Registration, Two Nights at The Comfort Suites, and a ticket to Hershey Park. Each student will need an additional **\$40-50** for food during our trip. Students will need this money for Dinner on Thursday, Lunch and Dinner on Friday, and Lunch and Dinner at Hershey Park on Saturday.

IMPORTANT INFORMATION: The **\$60 (non-refundable) Deposit** will be due NO LATER than **Sunday March 10th**. The remaining **\$75** balance will be due NO LATER than **Sunday April 7th**. Please **DO NOT** hand in any money the day of PennDel Youth Convention. ***Space for this trip is limited to the first 19 students who make the non-refundable deposit.***

MEDICAL RELEASE FORM: Each student must have a completed and signed Medical Release Form in order to attend Youth Convention. Please hand in attached Medical Release Form with your deposit or with your remaining balance before we depart for Youth Convention.

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TENTATIVE SCHEDULE OF EVENTS

THURSDAY APRIL 18TH

11:30am – Meet at New City Church to pack vans/trailers for Convention
12:00pm – Leaving New City Church to depart for Convention
2:30pm – Registration with Convention Registration at Sheraton-Harrisburg Hershey
4:00pm – Arrive at The Comfort Suites – unpack vans/trailers
4:30-5:30pm – Dinner at Local Restaurant
6:00pm – CONVENTION DOORS OPEN
7:00-9:30pm – Youth Convention Opening Session
Midnight – CURFEW

FRIDAY APRIL 19TH

7:00-8:30am – Wake Up / Get Ready / Breakfast at the Hotel
9:00am – CONVENTION DOORS OPEN
10:00am – 12:00pm – Youth Convention Session 2 and Candlelight Service
12:00pm – Lunch at Local Restaurant
1:00-4:00pm – FREE TIME @ The Hotel
4:30-5:30pm – Dinner at Local Restaurant
6:00pm – CONVENTION DOORS OPEN (Fine Arts Celebration)
7:15-9:30pm – Youth Convention Final Session
Midnight – CURFEW

SATURDAY APRIL 20TH

7:00-8:30am – Wake Up / Get Ready / Breakfast at the Hotel
9:00am – Clean Up Rooms / Pack Vans and Trailers / Check-out from Hotel
10:00am – 6:30pm – Final Fling at Hershey Park
6:30pm – Depart for New City Church
9:00pm – Arrive / Unpack at New City Church

NEW CITY

C H U R C H

Emergency Medical Form

Instructions: Please complete a copy of this form for each individual registering.

Full Name _____ Father/Guardian _____
 Birthday ___/___/___ Grade _____ Cell Phone () ___-____ Work Phone () ___-____
 Address _____ Mother/Guardian _____
 City, St, Zip _____ Cell Phone () ___-____ Work Phone () ___-____
 Phone Numbers () ___-____ () ___-____
 1) Emergency Contact _____ Relation _____ Phone () ___-____
 2) Emergency Contact _____ Relation _____ Phone () ___-____

HEALTH HISTORY Check either Yes or No. If Yes is checked please explain under "Remarks and Medical Facts".

Sinus Condition <input type="radio"/> YES <input type="radio"/> NO	Shortness of Breath <input type="radio"/> YES <input type="radio"/> NO	Exposed to Infections: Disease past 3 weeks <input type="radio"/> YES <input type="radio"/> NO Hepatitis past 6 months <input type="radio"/> YES <input type="radio"/> NO
Ear Problem <input type="radio"/> YES <input type="radio"/> NO	Skin Infection <input type="radio"/> YES <input type="radio"/> NO	Any disorder preventing strenuous activity? <input type="radio"/> YES <input type="radio"/> NO
Lung Problem <input type="radio"/> YES <input type="radio"/> NO	Hearing Difficulty <input type="radio"/> YES <input type="radio"/> NO	Taking prescription medicine? <input type="radio"/> YES <input type="radio"/> NO
Heart Trouble <input type="radio"/> YES <input type="radio"/> NO	Bad Eyesight <input type="radio"/> YES <input type="radio"/> NO	Any Reaction to drugs or medicine of any type? <input type="radio"/> YES <input type="radio"/> NO
High Blood Pressure <input type="radio"/> YES <input type="radio"/> NO	Wear Contact Lenses <input type="radio"/> YES <input type="radio"/> NO	Nervous or upset easily <input type="radio"/> YES <input type="radio"/> NO
Allergy-Asthma <input type="radio"/> YES <input type="radio"/> NO	Any Medical Care within Past Year? <input type="radio"/> YES <input type="radio"/> NO	Sleep Walker? <input type="radio"/> YES <input type="radio"/> NO
Fainting or Dizzy Spells <input type="radio"/> YES <input type="radio"/> NO	Any Surgeries within Past Year? <input type="radio"/> YES <input type="radio"/> NO	
Diabetes <input type="radio"/> YES <input type="radio"/> NO	Special Diet Required? <input type="radio"/> YES <input type="radio"/> NO	
Appendix Removed <input type="radio"/> YES <input type="radio"/> NO		

Drug Allergies _____

Currently taking the following medications _____

Plant, Insect or Animal Allergies? _____

Remarks and Medical Facts: _____

Food Allergies or Special Diet? _____

Additional Remarks: _____

Last Tetanus Shot ___/___/___

Swimming Level (Please Circle):
Non Swimmer, Beginner, Intermediate, Advanced

Doctor and Insurance Info

Doctor's Name & Phone

Insurance Company & Phone

Policy and/or Group Number

Subscriber's Name & Relationship

PARENTAL CONSENT/MEDICAL TREATMENT AUTHORIZATION

We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child 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 Praise Assembly.

Parent s or Legal Guardian s Signature

Date