

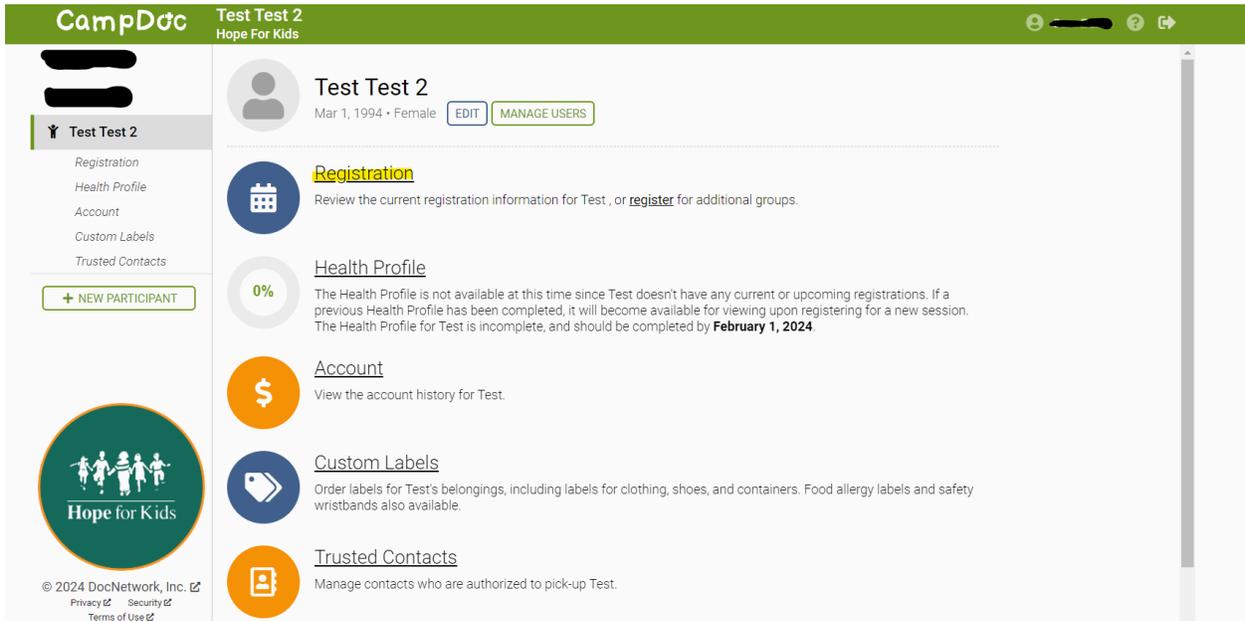
Ministry Training Program Registration Instructions

- Go to <http://app.campdoc.com/register/hopeforkids> or use the QR Code Below



1. Create a CampDoc Account

2. Click on Registration & Register for a New Session



The screenshot shows the CampDoc user profile for 'Test Test 2'. The header includes the CampDoc logo and the user's name and organization. The profile information shows 'Test Test 2' (Mar 1, 1994 - Female) with 'EDIT' and 'MANAGE USERS' buttons. The main content area lists several sections: 'Registration' (Review current registration information), 'Health Profile' (0% complete, with a note that it should be completed by February 1, 2024), 'Account' (View account history), 'Custom Labels' (Order labels for belongings), and 'Trusted Contacts' (Manage authorized pick-up contacts). A sidebar on the left contains navigation links for 'Registration', 'Health Profile', 'Account', 'Custom Labels', and 'Trusted Contacts', along with a '+ NEW PARTICIPANT' button and the 'Hope for Kids' logo.

Test Test 2 / Registration Hope For Kids

Registration

- Registrations for Test are listed below. You may select a registration to view additional details, including camp contact information. You may also select additional add-ons.

Test is not currently registered for any upcoming sessions.

[REGISTER FOR A NEW SESSION](#)

3. Registration & Payment

Search Ministry in the search box and select the Ministry Training Program you will be participating in.

- If you are planning on attending for only **3 days** please select the” Ministry Training Program Adult” for June 2- June 4, 2024.
- If you are planning on attending for **5 days**, please select “Ministry Training Program Adult Extended Session” for June 2- June 6, 2024.

Select Sessions

i Sessions and add-ons may fill and are not guaranteed until purchase is complete. The final total may differ if sessions are no longer available.

MTP

[SELECT ALL](#)

<input checked="" type="checkbox"/> 2024 » Ministry Training Program Adult Extended Session Hope for Kids is excited to host the Ministry Training Program (MTP). These five days will be filled with deep biblical teaching and lots... See All	\$180.00 Jun 2, 2024 - Jun 6, 2024 150 spaces left
<input checked="" type="checkbox"/> 2024 » Ministry Training Program Adult Hope for Kids is excited to host the Ministry Training Program (MTP). These three days will be filled with deep biblical teaching and lots... See All	\$93.00 Jun 2, 2024 - Jun 4, 2024 150 spaces left
<input type="checkbox"/> 2024 » Ministry Training Program Babysitter	\$50.00 Jun 9, 2024 - Jun 11, 2024 30 spaces left

[BACK](#) [CONTINUE](#)

Once you select your program, click continue. You will be asked the following:

- To select a T-shirt size (note: T shirts will not be provided as part of this program)
- If you have a coupon code
- Make a donation
- Pay for a protection plan
 - This is through CampDoc, and not affiliated with Hope for Kids.

You will then be redirected to the payment page. You will be required to pay the deposit, and can choose to set up a payment plan or log in later to complete your payment.

4. Complete your Health Profile

Health Profile

All sections of the Health Profile must be completed in order to attend camp

0% Complete

[CONTINUE →](#)

Test Test 2

📅 Mar 1, 1994

- General Information
- Emergency Contacts
- Allergies
- Diet & Activity
- Volunteer/Attendee Waiver Form

DATES
Due: June 2, 2024
Lockout: June 9, 2024

CONTACT
info@hopeforkids.org

[PRINT](#)

Fill in your General Information

General Information

* What Church do you attend?
New York City Church of Christ

Contact Information

* Address
123 Smith Street

* City
City

* State/Province
New York

* Zip/Postal
00000

20% Complete / Last saved a few seconds ago

[NEXT STEP](#)

Test Test 2

📅 Mar 1, 1994

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Due: June 2, 2024
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CONTACT
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[PRINT](#)

Fill in your emergency contacts

Emergency Contact

Who can we contact in case of an emergency?

* First Name
First

* Last Name
Last

* Relationship
Mother

* Cell Phone Number
0000000000

Home Phone Number

PREVIOUS STEP 40% Complete / Last saved a few seconds ago NEXT STEP

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PRINT

Fill in Any Allergies you have

Allergies

Please type in or select your allergen

* Does Test have food allergies?
 Yes No

* Does Test have drug allergies?
 Yes No

* Does Test have environmental allergies?
 Yes No

PREVIOUS STEP 60% Complete / Last saved a few seconds ago NEXT STEP

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PRINT

Fill in Any Diet & Activity Restrictions

Diet & Activity

Diet Restrictions

* Dietary restrictions?

Activity Restrictions

* Any activity restrictions?

Test Test 2

📅 Mar 1, 1994

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80% Complete / Last saved a few seconds ago

Sign the Attendee Waiver

which arises or may hereafter arise on account of any first aid treatment or other medical services rendered in connection with and emergency during my time with Hope for Kids. I give permission to the Hope for Kids trained staff and volunteers to proceed with necessary medical intervention in the case of an emergency.

Assumption of Risk. I, the volunteer/attendee, understand that the time with Hope for Kids may include activities that may be hazardous to me including, but not limited to, construction activities, loading and unloading heavy equipment and materials, and local transportation to and from work sites. Also, I the volunteer/attendee recognize and understand that the time with Hope for Kids may, in so situations, involve inherently dangerous activities. As the volunteer/attendee, I hereby expressly assume the risk of injury or harm in these activities and release Hope for Kids from all liability for injury, illness, death or property damage resulting from the activities of my time at Camp Hope for Kids. As the parent or legal guardian of a minor volunteer/attendee Hope for Kids, I acknowledge, agree, and represent that they have or will immediately acquaint themselves with the rules for use of Hope for Kids and ask an employee or staff member if (s)he has any questions regarding the rules or concerns regarding the safe use of the facilities.

Photographic Release. As a volunteer/attendee, I grant and convey to Hope for Kids all right, title, and interest in any and all photographic images and video or audio recordings made by Hope for Kids during the time spent at Hope for Kids.

Other. As the volunteer/attendee I expressly agree that this release is intended to be as broad and inclusive as permitted by laws of the State of Pennsylvania in the United States of America, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Pennsylvania. I agree that in the event that any clause or provision of this release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause shall not otherwise affect the remaining provisions of this Release, which shall continue to be enforceable.

Signature of Volunteer (or parent if a minor)

* Your Name

Test Test 2

📅 Mar 1, 1994

- ✓ General Information
- ✓ Emergency Contacts
- ✓ Allergies
- ✓ Diet & Activity
- Volunteer/Attendee Waiver Form

DATES

Due: June 2, 2024
Lockout: June 9, 2024

CONTACT

info@hopeforkids.org

80% Complete / Last saved a few seconds ago

Your Health Registration is Complete!

Medical Treatment. I, the volunteer/attendee, hereby release and forever discharge Hope for Kids from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with and emergency during my time with Hope for Kids. I give permission to the Hope for Kids trained staff and volunteers to proceed with necessary medical information.

Assumption of Risk. I, the volunteer/attendee, hereby release and forever discharge Hope for Kids from any claim whatsoever which arises or may hereafter arise on account of any hazardous to me including local transportation to and from Hope for Kids may, in so situations, injury or harm in these activities from the activities of my time with Hope for Kids. I acknowledge, agree, and understand that I am assuming the risk and ask an employee or staff member to assist me at the facilities.

Photographic Release. As a condition of my participation in any activity, I hereby release and forever discharge Hope for Kids from any claim whatsoever which arises or may hereafter arise on account of any photographic images and information taken during the course of my participation in any activity.

Other. As the volunteer/attendee, I hereby release and forever discharge Hope for Kids from any claim whatsoever which arises or may hereafter arise on account of any activity of the State of Pennsylvania. This release shall be held to be invalid by any court of law and shall be void if any provisions of this Release, are found to be in violation of any applicable laws.

Signature of Volunteer (or Attendee)

Electronically signed by _____

100% Complete / Last saved a few seconds ago

CHANGE SIGNATURE



Health Profile Complete

The health profile for Test Test 2 is now complete, and has been submitted to Hope For Kids!
Please note, Hope For Kids may contact you if they have any questions about the information you provided.
You may return to your CampDoc account before June 9, 2024 to update any health information that may change for your Test.

OK

Payment is due June 1st, you can log back into your CampDoc account at any time to make a payment or to edit any information in your Health Profile. If you have any questions please email us at info@hopeforkids.org

We look forward to having you at Hope for Kids!



Hope for Kids