



**National Association of Congregational Christian Churches (NACCC)**  
**NAPF and HOPE Registration Form**  
**St. Louis, Missouri ~ June 21 -June 26, 2025**  
**A separate form must be filled out for each individual.**

I am registering for:		<input type="checkbox"/> NAPF		or		<input type="checkbox"/> HOPE	
(Check one)		Completed Grade 8 through 12				Ages 19-26 or a high school graduate	
I am registering as:		<input type="checkbox"/> NAPF Youth		<input type="checkbox"/> NAPF Counselor		<input type="checkbox"/> HOPE	
<input type="checkbox"/> Planning Team Member							
Last Name		First Name		MI		First Name to Appear on Name Tag	
Address		City		State		Zip	
Phone Number		Youth Email Address					
Cell Phone Number While Traveling at Conference		Age		Date of Birth			
Sex:		T Shirt Size:		NAPF Only: Grade to be Completed in 2025:			
Church Name		City		State			
I will be: <input type="checkbox"/> Driving		<input type="checkbox"/> Flying		<input type="checkbox"/> Traveling with my Church Group in a Van/Bus			
I will be traveling with the				(Church, State/Regional Group)			

**MEDICAL AND DIETARY INFORMATION**

**Failure to provide any of the following information may result in our inability to assist the registrant according to their medical needs.**

Is the registrant presently in good health and able to participate in all normal activities? <input type="checkbox"/> YES <input type="checkbox"/> NO <b>If no, please explain.</b>	
Is the registrant presently being treated for any injury or sickness, or taking any form of medication for any reason? <input type="checkbox"/> YES <input type="checkbox"/> NO <b>If yes, please explain:</b>	
List any drug allergies or other allergies:	
May the NAPF registrant (under 18) take over the counter pain reliever if needed for headaches or pain? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Dietary restrictions:	

**EMERGENCY CONTACT**

Name	Phone #	Relationship
Doctor's Name	Phone #	
Insurance Company	Policy #	Group#

In case of medical emergency, I understand that every effort will be made to contact the "emergency contact" listed above. If they cannot be reached, I hereby give my permission to the physician selected by the conference directors to hospitalize, secure proper treatment, and order injection, anesthetic, or surgery.

**Signature of Registrant** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature** \_\_\_\_\_ **(Parent or Guardian if under 18) Date** \_\_\_\_\_

Mail this form to: NAPF & HOPE, NACCC, P.O. Box 288, Oak Creek, WI 53154-0288

Or email to: lwright@naccc.org

**The absence of any required signature will void this registration.**



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## **NAPF and HOPE Code of Conduct for Participants and Leaders**

Foundationally, there is an expectation that all actions and statements by all who are involved in NAPF – HOPE in any capacity will show respect for God, respect for others, respect for property, and respect for self. Further, that all participant's words and actions will reflect the two Great Commandments given by Jesus the Christ: Love God with all your heart, soul, and mind and love your neighbor as yourself.

To be more specific: *the activities outlined below are strictly prohibited.* Any participant or leader who violates this Code is subject to discipline, up to and including removal from the conference. If a participant or leader must be removed from the conference due to inappropriate actions or comments and has received a scholarship, the scholarship will be revoked, and full payment for the conference must be made by the participant.

### **PROHIBITED BEHAVIORS:**

- Abusive language towards another participant or leader.
- Possession or use of alcoholic beverages or illegal drugs during the NAPF & HOPE Conference.
- Bringing dangerous or unauthorized materials such as explosives, firearms, weapons, or other similar items to the conference.
- Discourtesy or rudeness to a fellow participant or leader.
- Verbal, physical, or visual harassment of another participant or leader.
- Actual or threatened violence toward any individual or group.
- Conduct endangering the life, safety, health, or well-being of others.
- Bullying or taking unfair advantage of any participant.
- Failing to cooperate with the leadership of NAPF & HOPE.
- Leaving the conference site without express approval of Directors.
- Inappropriate attire for a Christian conference. Shirts and t-shirts should always be worn by participants and leaders.

Further, all participants and leaders are expected to participate fully in all aspects of the NAPF & HOPE program. All participants and leaders are to respect the regulations of, including for smoking and property, the host institution.

**NOTE: *Harassment, intimidation, or bullying can take many forms including slurs, rumors, jokes, innuendoes, demeaning comments, drawing cartoons, pranks, gestures, physical attacks, threats, or other written, oral, or physical actions.***

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## REPORTING POLICY OF INCIDENTS

Should any violation of this code be observed, it should be reported to one of the adult conference directors/counselors. That leader should take appropriate action to address the situation, which may include involving another adult leader in talking with those involved.

The leader should make a written report of the incident and the resolution of it. This should be signed by all parties and dated. If there is a serious breach of conduct resulting in the removal of a participant, the adult leader should immediately contact the Executive Director of the NACCC to report on the incident. All written reports of conduct issues should be sent to the NACCC office as soon as the NAPF & HOPE conference concludes.

I have read and I understand the details of this Code of Conduct. I agree to abide by the rules described above and understand that I may be removed as a participant if I violate any of these rules, and, if I have received a scholarship and been removed from the conference, the scholarship will be revoked and full payment for the conference must be made to the NACCC.

**Printed Name of Participant:** \_\_\_\_\_

**Signature of Participant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*If under 18 years old,*

**Printed Name of Parent:** \_\_\_\_\_

**Signature of Parent:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name of Minister/Youth Director:** \_\_\_\_\_

**Signature of Minister/Youth Director:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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## **PUBLICITY AND LIABILITY RELEASE**

### **PUBLICITY RELEASE**

By signing this registration form, the undersigned agrees to allow the possible use of photographs and/or verbal quotes of the attendee for published promotional materials including but not limited to direct mailings, advertising flyers, and internet web site information and social media.

### **LIABILITY RELEASE**

I, \_\_\_\_\_, hereby acknowledge that I have voluntarily decided to participate in NACCC's NAPF & HOPE 2025 Meeting. As consideration for being permitted by NACCC and NAPF & HOPE to participate in these activities, I hereby agree that I, my parents, guardians, representatives and assigns will not make a claim against NACCC or NAPF & HOPE or any of its affiliated organizations, employees, or representatives for injury or damage to my person or caused by an employee, agent, representative, or contractor of NACCC or NAPF & HOPE or its affiliated, as a result of my participation in any NAPF & HOPE activities. In addition, I hereby release and discharge NACCC and NAPF & HOPE and its affiliated organizations, employees, agents, and representatives from all claims, actions, or demands I, my parents, guardians, representatives, or assigns now have or may hereafter have for injury or damage resulting from my participation in these activities.

**Signature of Participant** \_\_\_\_\_

*If under 18 years old,*

**Signature of Parent** \_\_\_\_\_

**Conference fee** includes lodging, meals, and all program costs.

**Scholarships are available! Check the 2025 NAPF/HOPE Conference event page on the NACCC website for the scholarship application and submission information. The deadline for scholarship applications is June 1, 2025.**

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## Background Checks

To order a background check, please complete this form and email it back to Laura Wright, [lwright@nacc.org](mailto:lwright@nacc.org)

### **NAPF/HOPE 2025** **REQUIRED FOR ALL ATTENDEES & PARTICIPANTS** **OVER 18 YEARS OF AGE**

#### **Background Check Applicant Information (all fields must be included)**

First and Last Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

#### **PLEASE PRINT LEGIBLY**

By completing this form, the Ordering User authorizes the NACCC to perform a background check using Top Checked f/k/a Background Checkology and understands that the NACCC is not responsible for any liability incurred due to participation in this background search based on search results.

PO Box 288, Oak Creek, WI 53154-0288 | 414-764-1620 | Email: [nacc@nacc.org](mailto:nacc@nacc.org) | Website: [www.nacc.org](http://www.nacc.org)

*To nurture fellowship among Congregational Christian Churches and to support ministries of the local church in its community and to the world, all in the name of Christ.*