

VJCL Travel to NJCL 2017

Saturday 7/22—Leave from Northern VA 8 AM, picking up in Fredericksburg and Richmond and heading to Charlotte, NC for a late afternoon visit to Carowinds Amusement Park

Sunday 7/23 Leave Charlotte for Troy, Alabama with a stop in Montgomery for touring with a local guide before arriving at the university

Return:

Saturday, 7/29 Leave Troy University for a morning visit to Jasmine Hill, Alabama’s “Little Corner of Greece”, and then to Charlotte, NC for overnight

Sunday, 7/30 Return to VA with drop-offs at Richmond (approximately noon), Fredericksburg (approximately 1:15) and Northern VA (approximatly 2:30)

Cost: $425/student $480/adult This includes, travel, hotel rooms, and admissions.

It ***does not include*** $50 spirit fee, which covers t-shirts and spirit props at nationals.

Want to go with us?

1. Make sure you have gotten your packet to NJCL Convention. (<http://njcl.org/pages/convention-registration>) N.B.—***Make sure you have signed up for Pre-Convention Housing for our arrival on Sunday and that you have a same-sex chaperone who is also signed up for Pre-Convention Housing.***
2. Fill out and return the required forms, ***completely filled out and with all required signatures,*** along with your check for ***$475*** ($425 travel+$50 spirit) if you’re a student or ***$530*** ($480 travel+$50spirit fee) if youre an adult… made to VJCL. Mail to: Mrs. Donna Dollings

VJCL National Convention Chair

1407 Exbury Dr.

Midlothian, VA 23114 **by May 1, 2017**.

3. Questions? Contact Mrs. Dollings at [djdollings@gmail.com](mailto:djdollings@gmail.com)

***Ecce!!! Going on your own?*** Be sure to get your packet secured from NJCL, complete your permission and medical forms for VJCL and send them and your check for $50 ***made to VJCL*** to Mrs. Dollings at the address above by May 1.

**REQUIRED** FOR ALL VIRGINIA PARTICIPANTS IN NJCL CONVENTION 2017

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am a—\_\_\_\_\_\_student participant \_\_\_\_\_sponsor \_\_\_\_chaperone \_\_\_SCL’er

My school\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ My sponsor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I will be travelling to convention

\_\_\_with VJCL and I request \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_as my roommates

\_\_\_\_with my school \_\_\_on my own

***For all participants:***

I realize travel involves risks and I agree to hold the Virginia Junior Classical League, its officers, and its co-chairs blameless for any sickness, injury, or harm of any kind happening to my child/myself during and/or because of this travel and/or convention.

I understand that traveling with the VJCL and participating in NJCL Convention is a privilege, and I acknowledge and agree that any illegal or dangerous behavior or serious infraction of VJCL or NJCL rules, as determined by the state or national co-chairs, will result in a student being sent home immediately at his/her parent’s expense.

I understand and agree that these behaviors include, but are not limited to, the possession or use of any alcoholic beverages and/or illegal drugs. I also understand and agree that there is to be no visiting between members of the opposite sex in hotel or dorm rooms.

Signature of Adult Participant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_

Student Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_

Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_

Participant T-Shirt Size\_\_\_\_\_ I am an adult and will not be participating in spirit.\_\_\_\_

N.B. ***If you are not traveling with the VJCL to Alabama, please remember to include your check made to VJCL for your spirit fee of $50, which covers spirit props and t-shirts.***

**REQUIRED** FOR ALL VIRGINIA PARTICIPANT IN NJCL 2017

Medical Information (Please complete one for each participant):

Full Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender:\_\_\_\_\_ Age:\_\_\_

Full Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant’s Cell Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Parent’s Name and Cell Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Work Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name and Contact Information:

Doctor’s name and office phone number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant’s Birth Date:

Insurance Company Name and Policy Number:

Allergies (please include all food, medicine, and environmental allergies):

Does participant carry an epi-pen? If so, where?

Please list any medical or psychological issues the participant has:

I certify that the above information is complete and accurate, and I give my permission for Mrs. Donna Dollings or her designee to obtain medical attention for me/my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, as Mrs. Dollings or her designee deems necessary. I understand that every effort will be made to reach me in case of emergency.

Student Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_