



## New Jersey State Elks

September 24, 2018

Dear Educator/Parent/Guardian:

You are invited to attend the annual New Jersey State Elks' Association state-wide conference for 6<sup>th</sup>, 7<sup>th</sup> and 8<sup>th</sup> grade students on bullying, cyber-bullying, social media issues and other related topics.

The conference will be held Thursday, January 31, 2019. Registration begins at 8:30AM; first program at 10 AM and conference concludes at 2PM. Conference held at the Ocean Place Resort and Spa in Long Branch, New Jersey.

We have engaged great presenters for this event. Ben Glenn has a message, "Simply Special; Finding Your Place In the World." Ben's AD/HD adventure filled messages of hope are both entertaining and inspirational. Youth relate to his struggle for acceptance in school. Parent's and teachers get an insider's viewpoint about being considered different. Additionally, we will have a presentation on bullying, cyberbullying, sexting and social media issues. The program will be offered by the Cape May County Prosecutor's Office. Fort Safety will offer a program that protects students and strengthens families online.

We will have our Drug Awareness/Parenting tips information available as well information on web-sites to avoid. In today's world this is a priority topic. Over 500 attended last year and we anticipate more this year. Early registration is encouraged.

Included in the \$50.00 per person fee is a welcome snack, complete program and materials, lunch, conference backpack and more. Parents are welcome and encouraged to attend. **We are offering a special registration fee of \$75 for a student and a parent/guardian attending together.** We offer CEU credit for teachers attending and will have letters available for "excused absence" as needed.

To register complete application for each participant and mail as directed to our PO Box 151 in Cape May Court House, NJ 08210. Please include check or PO (with responsible for payment contact and phone.)

We all look forward to seeing you in January. For questions please contact us at 609-972-3454.

Sincerely,

Conference Team

Contact us at [njelksconference@gmail.com](mailto:njelksconference@gmail.com)

**Serving Our State By Serving Our Communities**

**New Jersey State Elks Association  
PATH TO LEADERSHIP CONFERENCE**

January 31, 2019

Ocean Place Resort & Spa, Long Branch, NJ

Registration Fee: \$50.00 per person OR \$75.00 for One (1) Student with Parent/Guardian

CHECK ONE:  STUDENT  ADVISOR  STUDENT AND PARENT/GUARDIAN

NAME: \_\_\_\_\_ GENDER: M / F AGE: \_\_\_\_\_ DOB: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ COUNTY: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ EMAIL: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

ADVISORS OR ADULTS ATTENDING WITH STUDENT REGISTRANT: \_\_\_\_\_

GRADE: 6 7 8 (PLEASE CIRCLE ONE)

Responsible for payment: Elks Lodge \_\_\_\_\_ School \_\_\_\_\_ Alliance \_\_\_\_\_ Other \_\_\_\_\_

Payment (Check or Purchase Order MUST accompany application)

Contact for Payment (Name): \_\_\_\_\_ Phone: \_\_\_\_\_

Form of Payment: Check #: \_\_\_\_\_ PO #: \_\_\_\_\_

Application and Fees MUST be received by December 21, 2018. Applications received after December 21, 2018 will only be accepted on a space available basis. Please send your completed application(s) and payment to:

PATH TO LEADERSHIP, PO BOX 151, CAPE MAY COURT HOUSE, NJ 08210

Registration fee includes: Light morning arrival snack; Lunch; Conference Materials; Workshops. Transportation to and from the conference is NOT included.

I am the parent/guardian of \_\_\_\_\_, Cell # \_\_\_\_\_, Student/Participant. I hereby give permission for the participant to attend the NJ State Elks Association, Path to Leadership Conference in Long Branch, NJ. The above named individual shall be allowed to participate in all aspects of the conference.

I hereby authorize appropriately trained personnel (EMT), or other medical personnel designated by the Elks, to administer first-aid treatment to the Participant, if necessary. In the event that the Participant suffers a serious injury or illness, I understand that the Elks will notify me as soon as possible to obtain my approval for treatment. If I am unavailable, I designate the following person to give such consent:

EMERGENCY CONTACT NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

In the event that efforts to contact me or my designee are unsuccessful or are not possible during emergency circumstances, I hereby authorize attending physician to administer any treatment including surgery which he or she deems necessary. I understand that I will, in any event, be contact as soon as possible. I further give my permission for the Participant to receive aspirin, Tylenol, or other over-the-counter medicine under the supervision of the EMT on-site.