

CAMP JOY WEEKLY REGISTRATION FORM

Campers Name: _____ Male or Female _____

Camp Attending: High School Camp Middle School Camp 1st Boys & Girls Camp Music Camp 2nd Boys & Girls Camp (please circle)
Grade - This is the grade you just completed or the grade you will be in when school starts.

Mailing Address _____ City, State, Zip _____

Home Phone _____ Cell# _____ Birthday _____ Age _____ Height _____ Weight _____ Grade Entering _____

In Emergency Notify _____ Phone _____

Church Name: _____ Your E-Mail _____

(If e-mail address is provided, confirmation will be e-mailed)

Your Association: Allen, Gasper River, Grayson, Liberty, Logan Todd, Monroe, Simpson, Warren, Other

Name of Chaperon that will attend with camper: _____ Male or Female _____
(All chaperons must have background check completed two weeks prior to coming to camp, No Exceptions)

T - Shirt (please circle)	YOUTH: SM (6/8) MED (10/12) LG (14/16)	ADULT: SM, MED, LG, XL, XXL
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Is this your first time as a camper at Camp Joy? Yes or No Is there someone you want to bunk with? _____

HEALTH HISTORY	DISEASE	ALLERGIES
Frequent Ear Infections/Swimmers Ear	Chickenpox	Hay Fever
Frequent Colds/Sore Throats	Diabetes	Poison Ivy/Oak/Sumac
Bleeding/Clotting Disorders	Arthritis	Insect Stings
Heart Defect/Disease	Asthma	Penicillin
Epilepsy/Convulsions	SUBJECT TO:	Aspirin
Stomach Problems	Sleep Walking Constipation	Food
Date of Last Tetanus Shot	Bed Wetting Fainting	Other
Recent Exposure to Contagious Disease? Yes or No If yes, explain:	Operations or Serious Injuries (describe & give dates)	
Are Immunizations up to date? Yes or No If no, explain:	Any Special Medical or Dietary Regime to be Continued:	
Name of Family Physician	Phone	

This information will help the attending physician in case of an emergency.

IMPORTANT - THE INFORMATION BELOW MUST BE COMPLETED FOR ATTENDANCE

The HEALTH HISTORY is correct so far as I know, and the person herein described has permission to engage in all prescribed activities except as noted. EMERGENCY AUTHORIZATION - I hereby give permission to the medical personnel selected by the Camp Joy Manager to order X-rays, routine tests and treatment for my child. In the event of an emergency and I cannot be reached, I hereby give permission to the physician selected by Camp Joy Manager to hospitalize, secure proper treatment, order injections and/or anesthesia and/or surgery for my child as named above. I further authorized the release of the above medical information to appropriate medical personnel and/or the health coverage insurance company.

I understand that any prescription medication brought by my child must be accompanied with physician's instructions. All medications must be given to one of the Camp Joy Staff during the time of registration.

X _____ Date _____
Signature of Parent/Guardian

I authorize the camp staff to administer nonprescription medication to my child *except* for the following: _____.
 During the summer pictures will be taken and will be posted on the camp web site showing the children engaged in different activities.

Import information the camp needs to know about your camper: _____
 My child has permission to ride home with: _____

It is very important that everyone pre-register this summer. Please have application and \$25.00 registration fee in office one week in advance. A confirmation will be mailed or e-mailed to you once we have received your application and registration fee.

CAMP USE

Registration Amount Received \$ _____	Date Received _____	CK# _____
Paid at Registration \$ _____	Cash/Check# _____	Indv/Group _____

Camp Joy Baptist Assembly

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