

# 2012 CAMP JOY WEEKLY REGISTRATION FORM

Camper # \_\_\_\_\_ M or F

Dorm: A B C MB # \_\_\_\_\_  
Camp Use

Campers Name: \_\_\_\_\_ Male or Female

Mailing Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Home # \_\_\_\_\_, Cell # \_\_\_\_\_, Work # \_\_\_\_\_

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

Is this your first time as a camper at Camp Joy?  Yes or  No

Who do you want to bunk with? \_\_\_\_\_

<b>HEALTH HISTORY</b>	<b>DISEASE</b>	<b>ALLERGIES</b>
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? <input type="checkbox"/> Yes or <input type="checkbox"/> No	Operations or Serious Injuries (describe & give dates)	
If yes, explain:	Any Special Medical or Dietary Regime to be Continued:	
Are Immunizations up to date? <input type="checkbox"/> Yes or <input type="checkbox"/> No If no, explain:	Phone	
Name of Family Physician		

### 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: \_\_\_\_\_

Import information the camp needs to know about your camper: \_\_\_\_\_

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. You must pre-register. During the summer pictures will be taken and will be posted on the camp web site showing the children engaged in different activities.

We are a smoke free environment \*Make copies as needed\*

### Check Camp Attending:

<input type="radio"/>	High School Camp	June 10 – 14	9 <sup>th</sup> – 12 <sup>th</sup> Grade grade just completed or grade going into	\$ 25.00 Registration Fee \$110.00 Camper Fee \$135.00 Total Cost
<input type="radio"/>	Middle School Camp	June 17 – 21	6 <sup>th</sup> – 8 <sup>th</sup> Grade grade just completed or grade going into	\$ 25.00 Registration Fee \$110.00 Camper Fee \$135.00 Total Cost
<input type="radio"/>	1 <sup>st</sup> Boys & Girls Camp	June 24 – 28	4 <sup>th</sup> – 6 <sup>th</sup> Grade grade just completed or grade going into	\$ 25.00 Registration Fee \$110.00 Camper Fee \$135.00 Total Cost
<input type="radio"/>	Music Camp	July 8 – 12	4 <sup>th</sup> – 8 <sup>th</sup> Grade grade just completed or grade going into	\$ 25.00 Registration Fee \$110.00 Camper Fee \$135.00 Total Cost
<input type="radio"/>	2 <sup>nd</sup> Boys & Girls Camp	July 15 - 19	4 <sup>th</sup> – 6 <sup>th</sup> Grade grade just completed or grade going into	\$ 25.00 Registration Fee \$110.00 Camper Fee \$135.00 Total Cost

**T – Shirt** (please check) **YOUTH:**  SM (6/8)  MED (10/12)  LG (14/16) **ADULT:**  SM,  MED,  LG,  XL,

Registration Sunday 3:30 p.m. ~ Camp Ends Thursday 7:00 p.m. ~ \$135.00

#### CAMP USE

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