

# Camp J-O-Y

## Camper Information Sheet

Welcome to Camp J-O-Y! Parents we are excited to have your children here this week! In an effort to improve the registration process and to increase communication between staff and campers' parents, we ask that you fill out this form for each camper. Please let us know if you have any questions. Please print the following information:

Camper's Name: \_\_\_\_\_

Week:        1<sup>st</sup>        2<sup>nd</sup>        3<sup>rd</sup>

Church attended: \_\_\_\_\_

Allergies: \_\_\_\_\_

\_\_\_\_\_  
Please include severity and any additional pertinent information.

Medications: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Please include instructions and any additional pertinent information. Please continue on back of sheet if additional space is needed.

Is there any further care instructions you would like your child's Counselor to know?

\_\_\_\_\_

\_\_\_\_\_

Will there be any reason this camper will need to leave early, or leave and return during this week of camp?

\_\_\_\_\_

Have you reviewed the camp brochure and agree to the guidelines: \_\_\_\_\_

Paid \_\_\_\_\_ Scholarship \_\_\_\_\_ Church \_\_\_\_\_ paid/ will pay

**Thank you for your time and trust!**  
**Camp J-O-Y**

## CAMP JOY REGISTRATION FORM

Campers Name \_\_\_\_\_ Age \_\_\_\_\_ D.O.B. \_\_\_\_\_

Parent's Name: Father \_\_\_\_\_ Mother: \_\_\_\_\_ Ph: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

LEASE READ CAREFULLY: Note! This must be read and signed by both parent and child before child will be allowed to attend Camp Joy! Although Camp Joy, its entire staff and workers are watching and working for the safety and well being of all campers, release and absolve from all liability of sickness, accident, injury or death is required by every parent or guardian and every camper.

ALL CAMPERS MUST HAVE THIS SIGNED!

I hereby give permission for my child to take part in all camp activities including sports (unless otherwise indicated) and absolve the camp from liability to me or my child because of any injury received while attending camp. In case of any accident or serious illness, I hereby authorize the camp to call upon a physician of their choice and to follow his instructions. If emergency treatment or hospitalization is required, I request the camp to notify me.

SIGNATURE OF BOTH PARENTS OR GUARDIAN (Please read before signing)

Parents: \_\_\_\_\_ Emergency No. ( \_\_\_\_\_ ) \_\_\_\_\_