

Jumpstart—Image

Jr. High Connection

Grades 6 to 9

November 4-6, 2011

Joy El

3741 Joy-El Dr.
Greencastle, PA 17225
(717) 369-4539
Fax (717) 369-2927
info@joyel.org

Please use one form per person. Photocopy if necessary.

_____ Camper or Leader
Camper/Leader Name

Male or Female

____/____/____
Birthday

School Grade

Father/Guardian Name

Mother/Guardian Name

Address

City

State

Zip

Phone

E-mail Address

I give permission for Joy El to send me news and information to the email I have supplied above.

Church/Group Name Spotsylvania Presbyterian Church

Church/Group City Fredericksburg, VA

- I understand that all registration fees are nonrefundable within 14 days of any event. In the case of cancellation within 14 days due to illness or accident, a written request to transfer fees to another camp event must be submitted within one week of the conclusion of the original event. A note from a physician must be included. Certain restrictions apply and a transfer fee may be charged.
- I give Joy El permission to use pictures that include the camper listed able in print or electronic media for publicity purposes. Joy El will in no way be responsible for medical treatment or liability resulting from physical conditions existing prior to the camper coming to this event. I hereby authorize release of medical information necessary for insurance purposes to Joy El. In the event of an emergency and I CANNOT be located, I give permission for the hospital doctor to treat my child or operate.

Signature of Parent/Guardian

Camper Health Information

All information must be completed for camper to be admitted to camp!

<u>Camper Name:</u>	<u>Event:</u>
<u>Church/Youth Group:</u>	<u>Leader:</u>

In case of emergency please call parent or emergency contact:	
Parent Name:	Phone:
Emergency Contact:	Phone:

Insurance Information:	
Insurance carrier:	
Policy #	Group #

Doctor Information:	
Doctor's Name:	Doctor's Phone:

Camper History & Information:			
Age (at camp time):	Weight:	Date of last tetanus shot:	
Hepatitis B series Circle one:	Yes No	Does camper carry an epi-pen?	Yes No
Allergies:			
Medications presently taking:			
*If your child has been on medicine like Ritalin, Cylert, or Wellbutron during the school year, it is strongly recommended that your child take this medicine while in the structured camp program. Please note: *All prescription medications to be given to your child must come in the original pharmacy bottle with name of child and medication clearly written.			
I do not want my child to receive the following medicines:			
Medical conditions, behavioral concerns and/or special needs:			
Are there any other special needs or concerns that could help us provide for your camper?			

Parent authorization: I certify that this camper is in good health and may participate in ordinary camp activities. I give permission to the camp to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I hereby give permission for Camp Joy El to administer over-the-counter medications, in accordance with Joy El's Health Service policy, by the health care staff. Dosages will be administered according to the directions on the bottle unless a physician directs otherwise. I agree to the release of any records necessary for treatment, referral, billing, or insurance. I am aware that my child may be transported off of camp property for electives or all-camp trips.

Date _____ Parent/Guardian _____
(Please sign in ink)