



ADULT REGISTRATION FORM

Name _____

Address _____

City _____ State _____ Zip _____

Gender: Male Female Age _____

Phone Number () _____ - _____

T-Shirt Size: S M L XL XXL XXXL

Return Registration Form To:

Youth Leader

ADULT COST-\$164.00

Make checks payable to:

“Your Youth Group

I hereby fully waive, release and discharge Jumonville, Inc., it's agents, employees, successors, assigns, and the staff of JAC Camp from any and all rights, claims, and actions, arising now and/or in the future, out of my participation in the activites of JAC Camp while on/off the campgrounds. I also give my permission to the camp to use pictures or videos, for promotional purposes only, in which I should happen to appear.

I further authorize the executive staff of JAC Camp to obtain any emergency medical treatment that they may deem necessary while on/off the campgrounds if I cannot respond.

RULES:

1. NO SMOKING, DRINKING, OR DRUGS OF ANY KIND
2. KEEP ALL RELATIONSHIPS APPROPRIATE AND GODLY
3. DO NOT PRANK ANYBODY IN ANY WAY
4. REPORT ANY INJURY IMMEDIATELY TO AN ADULT
5. BE ON TIME AND ATTEND ALL FUNCTIONS INCLUDING MEALS
6. BE IN YOUR ASSIGNED CABIN AT THE APPOINTED TIME
7. CLOTHING MUST BE MODEST AND PROMOTE A GODLY IMAGE. **POOL ATTIRE IS: GUYS WEAR SWIMSHORTS AND GIRLS WEAR ONE PIECE SWIMSUITS**
8. STURDY SHOES MUST BE WORN FOR ALL GAMES AND ADVENTURE ACTIVITIES.
9. USE OF CELL PHONES OR ELECTONICS IS RESTRICTED TO AID IN THE PROGRAM AND NOT TO BE USED INAPPROPRIATELY (PHOTOS, POSTS AND VARIOUS FORMS OF COMMUNICATION). YOU ARE PERSONALLY RESPONSIBLE FOR YOUR ACTIONS.

My Name

My Signature

Home Phone: () _____ - _____

Work Phone: () _____ - _____

Cell Phone: () _____ - _____

List any physical, emotional, mental or dietary limitations. (BE SPECIFIC)

A SEPARATE HEALTH FORM WILL BE TURNED INTO THE GROUP LEADER FOR EACH ADULT AND CAMPER BEFORE DEPARTING FOR CAMP.

AS AN ADULT, YOU WILL BE ABLE TO KEEP YOUR OWN MEDICATIONS, HOWEVER, YIOU MUST MAKE SURE THEY ARE NOT AVAILABLE TO ANY OF THE CAMPERS. BRING ONLY WHAT WILL BE NEEDED FOR THE WEEK OF CAMP.

I understand the camper rules and agree to do my part to help enforce those rules for a good positive JAC camp experience.

NAME _____

SIGNATURE _____ Date _____