



CAMPER REGISTRATION FORM 2020: JUNE 29- JULY 3

CAMPER COST-\$320.00

Return Registration Form To:
Your Youth Leader

Make checks payable to:
"Your Church Name"

Name _____

Address _____

City _____ State _____ Zip _____

Gender: Male Female Age _____

Phone Number () _____ - _____

T-Shirt Size: S M L XL XXL XXXL

Bunkmate request(s): _____

I hereby give permission for my child to attend the JAC Camp. Also, for promotional purposes only, the camp has my permission to use pictures or videos that should happen to include my child.

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 children's participation in the activities of JAC Camp while on/off the campgrounds.

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 be reached.

RULES:

1. NO SMOKING, DRINKING, OR DRUGS OF ANY KIND
2. DO NOT LEAVE THE CAMPGROUNDS, OR USE YOUR CAR UNLESS AUTHORIZED TO DO SO
3. KEEP ALL RELATIONSHIPS APPROPRIATE AND GODLY
4. DO NOT PRANK ANYBODY IN ANY WAY
5. REPORT ANY INJURY IMMEDIATELY TO AN ADULT
6. BE ON TIME AND ATTEND ALL FUNCTIONS INCLUDING MEALS
7. BE IN YOUR ASSIGNED CABIN AT THE APPOINTED TIME
8. CLOTHING MUST BE MODEST AND PROMOTE A GODLY IMAGE. **POOL ATTIRE IS: GUYS WEAR SWIMSHORTS AND GIRLS WEAR ONE PIECE SWIMSUITS**
9. STURDY SHOES MUST BE WORN FOR ALL GAMES AND ADVENTURE ACTIVITIES.
10. 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.

Parent/Guardian Name

Parent/Guardian 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 CHILD BEFORE DEPARTING FOR CAMP.

ALL MEDICATIONS FOR YOUR CHILD MUST BE PUT INTO A LARGE ZIP LOCK BAGGIE WITH NAME ON FRONT. ALL MEDS MUST BE IN THE ORIGINAL PRESCRIPTION BOTTLE. BRING ONLY WHAT WILL BE NEEDED FOR THE WEEK OF CAMP.

I agree to abide by the rules while I am at camp.
Failure to abide by the rules while I am at camp will result in strict disciplinary action.

NAME _____

SIGNATURE _____ Date _____