



2008 REGISTRATION FORM



This form may be used for Leadership, Teen, Wilderness, and Junior Camps. One registration form per camper per week. Sponsors should register on Sponsor's Registration Form. Please print.

Camper's Name _____ M F Church _____
 Parent's Name _____ Pastor's Name _____
 Address _____ Address _____
 City _____ State _____ Zip _____ City _____ State _____ Zip _____
 Home Phone () _____ Church Phone () _____
 E-mail _____ Church e-mail _____

CAMPER INFORMATION:

Grade in fall _____ Age _____ Birthdate ____/____/____ Roommate Request _____
One request only - both parties must make the same request

CHECK CAMP ATTENDING:

- Leadership, Music & Speech Camp ♦ June 2-7 ♦ \$220
- Teen Camp I ♦ June 22 - 28 ♦ \$205
- Teen Camp II ♦ July 6 - 12 ♦ \$205
- Teen Camp III ♦ July 20 - 26 ♦ \$205
- Junior Camp I ♦ June 16 - 21 ♦ \$200
- Junior Camp II ♦ July 14 - 19 ♦ \$200
- Junior Camp III ♦ July 28 - August 2 ♦ \$200
- Junior Camp IV ♦ August 4 - 9 ♦ \$200

LEADERSHIP CAMP INFORMATION: *Choose one track.*

PREACHER BOYS
 LEADERSHIP _____
Pastor's signature required for recommendation

PERSUASIVE SPEECH
 SPEECH: List years of study: _____
 MUSIC: Check one of the following:
 Vocal String Brass Woodwind Keyboard Percussion
 List instrument and years of study: _____

Note: Music and Speech campers should bring at least one polished piece with them to camp.

PAYMENT INFORMATION:

A non-refundable \$25 registration fee is required with this registration form and will be applied toward the camp fee. The balance will be due upon arrival at camp. The registration deadline is two weeks before the start of a camp week. After that time, please call in your registrations.

I have enclosed:

- \$25 Registration Fee Total Camp Fee \$ _____
- Early Registration Discount: \$10 off total camp fee for Junior and Teen Camps. **Must be postmarked by February 25, 2008.**



- \$20 "Keep the Memories" Coupon: Send \$20 that entitles your camper to a T-shirt, Week-n-Review and a meal from the Grill.
- \$25 "Keep the Memories" Coupon: All the above + Old-Time Photo or Full Camp Photo. (Available for Teen and Junior camps.)

MEDICAL INFORMATION

I give Camp Joy my consent to secure any necessary medical treatment for my child during the camp period. I also authorize any qualified physician to render treatment he or she deems necessary upon consultation with the camp staff. I authorize over-the-counter medication to be provided by the healthcare staff. I realize my insurance will be billed for any medical treatment as the primary coverage for my child. **Please Note:** Please do not send any medications unless prescribed by a healthcare provider. All medication needs to be in the original medication containers. Please send one extra day's medicine for the week. Non-prescription medicine should not be brought to camp. If any person in your family has a medical condition that the camp nurse should know about, please include a note. For patients with asthma, please send a written asthmatic plan or doctor's directive so that the nurses and counselors know how to help the camper participate as fully as possible and still manage his asthma.

Medications: _____

Reasons for medications: _____

Allergies: Antibiotic Ointment Asthma Bee Stings None
 Penicillin Other _____

Date of last tetanus shot: ____/____/____

Physical problems or limitations: _____

Personal physician: _____

Office phone: () _____

Insurance company: _____

Policy number: _____

Policy holder: _____

Parent or guardian signature : _____

Authorized signature required

Date ____/____/____