

### CAMP JCM REGISTRATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ { } Female { } Male

Address \_\_\_\_\_ Town/State \_\_\_\_\_ Phone \_\_\_\_\_

Grade (next Fall) \_\_\_\_\_ Birthday \_\_\_/\_\_\_/\_\_\_\_\_ Today's Date \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_ Work/cell phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Home Phone \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_

I want my child to attend the following camps:

Name of Camp \_\_\_\_\_ Dates \_\_\_\_\_ Registration fee \_\_\_\_\_

Name of Camp \_\_\_\_\_ Dates \_\_\_\_\_ Registration fee \_\_\_\_\_

Name of Camp \_\_\_\_\_ Dates \_\_\_\_\_ Registration fee \_\_\_\_\_

**Besides the parent/guardian listed above the following are permitted to pick up my child from camp:**

Name; \_\_\_\_\_ telephone # \_\_\_\_\_

Name; \_\_\_\_\_ telephone # \_\_\_\_\_

Name; \_\_\_\_\_ telephone # \_\_\_\_\_

Name; \_\_\_\_\_ telephone # \_\_\_\_\_

**I will notify Camp JCM if there is a change to this list.**

### MEDICAL INFORMATION

Current Prescription Medication \_\_\_\_\_ Dosage \_\_\_\_\_ How Often? \_\_\_\_\_

**(Prescription medication MUST be brought to camp in original labeled pharmacy container)**

Overall Health: [ ] Poor [ ] Fair [ ] Good [ ] Excellent Permission to give Tylenol [ ] Yes [ ] No

Chronic Illness \_\_\_\_\_ Recent Injury \_\_\_\_\_ When? \_\_\_\_\_

Convulsive Disorder: [ ] No [ ] Yes Recent Illness \_\_\_\_\_ When? \_\_\_\_\_

Allergies \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Additional Comments \_\_\_\_\_

**I consent to have my child participate in activities at Camp JCM, and certify that I will hold Camp JCM, its affiliate Grace Covenant Ministries, its directors, employees, or agents harmless from any and all liability claims arising out of participation in or in connection with the programs of Camp JCM. I also assume full responsibility for any and all damages to property caused by my child while he/she attends camp. I permit him/her to receive medical or hospital care in an emergency.**

**Parent/Guardian Signature** \_\_\_\_\_

### REGISTRATION AND PAYMENT INFORMATION

Some camps have limited registrations. Registrations are processed on a first-come, first serve basis and registration will close when camps are full.

**NO CHILD will be admitted into camp without a registration form, parent/guardian signature and registration fee paid.** Please make checks payable to Camp JCM. Some scholarships are available. Scholarship awards will be based on financial need. It is suggested that you apply early for the scholarships as the total amount of funds available for scholarships is limited. You can call Camp JCM at 606-364-5151 for scholarship applications and with any camp questions.

[ ] Registration Fee enclosed. [ ] Half Registration Fee Enclosed. I will pay the other half on the first morning of camp.

Please send signed registration form to: Camp JCM, c/o Grace Covenant Ministries, PO Box 340 Annville, KY 40402

***See other side for Camper Guidelines***

**STATEMENT OF AGREEMENT  
TO CAMPER GUIDELINES**

1. Campers may not leave campus at anytime without parent/guardian/staff. I understand it is the policy of Camp JCM not to **release a camper to anyone other than the person(s) designated on the registration form.**
2. Use of any tobacco products, alcohol, or unlawful narcotics by any camper at any time is NOT permitted. Products will be confiscated and not returned. Parents/guardians will be contacted.
3. Camper will act in a way that is considerate of others and will follow instructions given by the staff.
4. Potentially dangerous items such as knives, fireworks, etc. will not be brought to camp.
5. Please do not take unnecessary items such as I-pods, game-boys, extra money, toys, etc. to camp.
6. **Dress Code:** Shoes must be worn at all times.  
Girls-No halter tops, tube tops, belly shirts, short shorts, or skimpy (string or bikini) swimsuits.  
Boys- Shirts must be worn at all times except at the pool.
7. Swimsuit for boys and girls will only be worn in the pool area.
8. **All medicine** including daily prescription and over-the counter drugs will be turned in to staff when camper arrives at camp.
9. In signing this, I give permission for the use of photographs including this camper to be used in camp publicity.

**I AGREE TO THE ABOVE CAMPER GUIDELINES AND UNDERSTAND THAT IF THE CAMPER IS UNABLE TO ABIDE BY THE GUIDELINES HE/SHE WILL BE SENT HOME.**

**CAMPER SIGNATURE** \_\_\_\_\_

**Date:** \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_

**Date:** \_\_\_\_\_