

2021 Camp Registration Form

Camper's Last Name: _____ First Name: _____ M.I. _____

Street Address: _____

City: _____ State: _____ Zip: _____

Grade Completed this May/June: _____ Birth Date: _____ Male Female

I would like to room with: _____

Name of Parent(s)/Guardian: _____

Email _____ Cell # _____

Home Phone _____ Work # _____

EMERGENCY: If parent /guardian is not available, please contact:

Name: _____ Relationship to camper: _____

Phone # _____

Insurance Carrier: _____ Policy Holder Name: _____

Policy #: _____ Group #: _____

Doctor: _____ Phone #: _____

Allergic to: _____ Food: _____

Notable Health, Behavioral, or Emotional Problems: _____

Are Immunizations current? _____ Tetanus (date): _____ HIB: _____

Current Medications: _____

Comments/other Instructions: _____

Camp Choice:

- Noah July 6-9**
(Registration Deadline June 11)
Cost \$110 Grades K-2
 Childcare is available beginning at 7:30 AM
Arrival time _____
- Choose one-**
- St. John's UCC
Pick-up at 8:30 AM
Drop-off at 5:15 PM
- Sunnyway Foods LWW
Pick-up at 8:45 AM
Drop-off at 5:00 PM
- Milky Way Restaurant
Pick-up at 9:00 AM
Drop-off at 4:45 PM
- Provide own transportation
to camp each day.
Drop-off at 9:15 AM
Pick-up at 4:30 PM

- Kum-Ba-Yah June 27-30**
(Registration Deadline June 4)
Cost \$150 Grades 3-5
- Galilee July 11-14**
(Registration Deadline June 25)
Cost \$ 200 Grades 6-9

If you need financial assistance, contact our Church Office and ask about our Sponsorship Program.
717-263-8593

Office Use:
Date Rec'd: _____
Total Fee: _____
Deposit \$ _____
Check # _____
Date: _____
BAL DUE: _____
Amt. Rec'd: _____
Check #: _____
Date: _____
BAL DUE: _____

Medical Release for: (Camper's Name) _____

This health history is, as far as I know, correct and the person described has my permission to engage in all prescribed camp activities, except as noted. In the event, I cannot be reached in an EMERGENCY, I hereby give my permission to the Camp Director and/or Camp Nurse to secure proper medical treatment for my child, named above, in the event of an emergency, where I and my emergency contact person cannot be reached. I understand that every effort will be made to contact us. I give permission to administer over-the-counter medications, including, but not limited to Tylenol, Advil, or TUMS, if deemed necessary by the Camp Nurse and/or Camp Director

Parent/Guardian's Signature: _____ Date: _____

Code of Conduct:

The following are NOT permitted on St. John's Camp property or on a Camp-sponsored field trip:

- Possession or consumption of alcohol
- Possession or use of illegal drugs
- Possession or use of tobacco products
- Matches, lighters, fireworks or smoke bombs
- Inappropriate language
- Willful destruction of property
- Boys in girls' cabins or girls in boys' cabins
- Violation of established curfews
- Any item or action that intimidates or harasses individuals or groups
- Other conduct as determined inappropriate by the Camp Director

Camp T- Shirt (Included) Please Circle: <u>Youth:</u> S M L <u>Adult:</u> S M L XL XXL

EMAIL PERMISSION <input type="radio"/> I would like to receive updates and information from St. John's UCC about Youth and Outdoor Ministry Programs.

Steps to be followed if a violation occurs:

1. The Camp Director will discuss the concern with the camper.
2. The Camp Director may request that a telephone call be made to the youth's parents/guardians to make them aware of the situation with the Camp Director and the youth present at the time of the call.
3. The Camp Director may request the parents/guardians to arrange transportation home for the camper.

We have read and discussed the St. John's Camp "**Code of Conduct**".

We agree that the camper will exhibit conduct in accordance with the code.

(Parent/Guardian's Signature and Date)

(Camper's Signature and Date)

Photo Permission:

I give permission for photos of camp activities, which may include my child, to be used in camp promotional materials and/or posted on the St. John's website without liabilities or remuneration.

Parent/Guardian's Signature _____ Date: _____

Cancellation Policy:

Cancellations received prior to the registration deadline will be refunded, less the \$50 non-refundable deposit. Cancellations received after the registration deadline will not be refunded except in cases of emergency.

To register for St. John's Camp, please fill out the form above and mail with a minimum deposit of \$50 to:
St. John's United Church of Christ
Attn: Camp Registration
1811 Lincoln Way East
Chambersburg, PA 17202