

2024 St. John's Camp Registration Form

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

Street Address: _____

City: _____ State: _____ Zip: _____

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

Name of Parent/Guardian: Cell # _____ Work # _____

Name of Parent/Guardian: Cell # _____ Work # _____

Email: _____

Insurance Carrier: _____ Policy Holder Name: _____

ID#: _____ Group #: _____

Doctor: _____ Phone #: _____

Allergic to: _____ Food: _____

Notable Health, Behavioral, or Emotional Problems: _____

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

Current Medications: _____

Comments/other Instructions: _____

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

Name: _____ Relationship to camper: _____

Phone # _____

Camp Choice:

- Camp Weekend-June 21-23**
Cost \$50 Grades 6-8
- Kum Ba Yah - June 24-28**
(Day Camp)
Cost \$125 Grades 3-5
- Wednesday Overnight
additional cost \$10

- Camp Noah - June 24-28**
(Day Camp)
Cost \$125 Grades K-2

Childcare

available beginning at 7:30.

- Check if you need
early childcare.

Arrival time _____

Choose one-

- St. John's UCC
Pick-up at 8:30
Drop-off at 5:15
- Sunnyway Foods LWW
Pick-up at 8:45
Drop-off at 5:00
- Milky Way Restaurant
Pick-up at 9:00
Drop-off at 4:45
- Provide own transportation
to camp each day.
Drop-off at 9:15
Pick-up at 4:30

(Registration Deadline June 7)

Camp T- Shirt

(Included)

Please Circle:

Youth: S M L

Adult: S M L XL

Office Use:

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 permission to the physician selected by the Camp Director and/or Camp Nurse to hospitalize, secure proper treatment for and to order injection, X-rays, anesthesia, or surgery for my child named above. 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, TUMS, or cough/cold medicine, if deemed necessary by the Camp Director and/or Camp Nurse.

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

EMAIL PERMISSION

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 \$25 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 non-refundable deposit of \$25 to:
St. John's United Church of Christ
Attn: Camp Registration
1811 Lincoln Way East
Chambersburg, PA 17202