

# 2026 St. John's Camp Registration Form

Camper's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Grade Completed June 2025: \_\_\_\_\_ 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:

☐ **Kum Ba Yah - June 22-26**  
(Day Camp)

**Cost \$125** Grades 3-5

☐ Wednesday Overnight  
**additional cost \$10**

☐ **Camp Noah - June 22-26**  
(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

☐ Weis Foods LWW

Pick-up at 8:45

Drop-off at 5:00

☐ Provide own transportation

to camp each day.

Drop-off at **9:15**

Pick-up at **4:30**

## **(Registration Deadline June 5)**

☐ **\$25 discount for**

KBY & Noah if paid in

full by **June 1, 2026**

## **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.

**\* Medication Administration Request Form is required for all prescription medications administered during camp.**

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**