

SUMMER CAMPER REGISTRATION FORM 2024

This form may be used for all summer camps. Sponsors should circle SPONSOR on this form. One registration form per person (or family for family camp). One Medical Form per person (located on the back cover).

PERSONAL INFORMATION

Circle one: Male / Female
 Circle one: Camper / Sponsor
 Name _____ Birth Date _____
 Address _____ State _____ Zip _____
 City _____
 Roommate Request _____
 Parent's Name _____
 Phone _____ Home Cell
 Email _____
 Other Emergency Name _____
 Other Emergency Number _____
 Church Name, City, and State _____
 Pastor's Name & Emergency Contact Number _____

CHECK CAMP ATTENDING \$320 EACH

Teen 1 Teen 3
 Teen 2 Teen 4
 Jr / Primary 1 Jr 3 / Primary 2
 Jr 2 / Junior High

PRIVATE ROOMS

For an additional fee you and your friends can camp in our best space & get first consideration for the counselor of your choice. Min. Fee: \$300 or \$50 per person

PAYMENT INFORMATION

Registration Fee (Included in Camp Cost) \$50

Total Enclosed _____

SPONSORS Check Accommodations:

Deluxe Housing Driftwood Cabin

Please Note: A \$50 non-refundable registration deposit should accompany your youth camp registration form, which counts toward the total camp fee. Balance will be due upon your arrival at camp.

Complete for Family Camps: June 3-8

All meals and most activities are included in family camp rates. Families are all individuals living in your household. The "ministry discount" is based on the head of the household. Child's Name (attach additional names if needed) Birthdate _____

Accommodation Type	Rates Per Week	Total
Driftwood Village	\$650	
Deluxe Room	\$450	
Lodge Room	\$350	
Family Cabin	\$250	
Tent/Camper Site	\$150	
Camper Fees	Rates/Week	# of Campers
0-3 years	Free	
4-12 years	\$100	
13 years +	\$135	
Fam. of 6 +	\$700	
Total		

Accommodations _____
 Camper Fees _____
 10% Discount for Head of household full-time ministry _____
 Grand Total _____

Please Note: A \$300 non-refundable deposit should accompany your registration form, which counts toward the total fee. The balance will be due upon your arrival at camp.

Send Completed Forms and Payment To:

CAMP JOY • WY725 KETTLE MORaine DRIVE • WHITEWATER WI 53190

For more on what to bring, what not to bring or other important information please visit: www.campjoy.org

YOU CAN ALSO REGISTER ONLINE AT CAMPJOY.ORG

If you pay the \$50 registration deposit by March 31, 2024, you save \$25.

EMERALD SOCIETY VS. NIGHT HAWKS

GOVERT COLLECTIVE
OUT OF THE SHADOWS

campjoy
WISCONSIN

CAMPJOYWI

CAMPJOY1962

JOIN US FOR A SUMMER 2024 ADVENTURE

CAMPER MEDICAL FORM

Please print clearly. One registration and medical form per camper.

Circle one: Male / Female

Camper's Name _____ Birthdate ____/____/____

Address _____ City _____ State _____ ZIP _____

Parent's Name _____ Phone _____ Home Cell

Emergency Contact Name _____ Phone _____

Medications None

Please Note: All medications must be in their original labeled containers. Please, do not send medications in pill boxes or zip lock bags. Nurses must be able to read labels or medications cannot be given. Medications include: prescriptions, vitamins, over-the-counter medication, and creams and essential oils.

Name _____ Amount _____ Mark all that apply

A.M. Lunch P.M. Bedtime As needed

Name _____ Amount _____ MEDICAL ALLERGIES

A.M. Lunch P.M. Bedtime As needed

Name _____ Amount _____ Asthma None

A.M. Lunch P.M. Bedtime As needed Diabetes Antibiotic Ointment

A.M. Lunch P.M. Bedtime As needed Seizures Bee stings

A.M. Lunch P.M. Bedtime As needed Recent Illness or Injury Penicillin

Personal Physician None Office Phone _____ Other

Insurance Company None Policy # _____

Policy Holder _____

Date of last tetanus shot: ____/____/____

FOOD ALLERGIES

Mark all that apply

FOOD ALLERGIES Soy

Peanuts Eggs

Tree Nuts Shellfish

Other _____

Camp Joy will be happy to provide and prepare food for special dietary needs. You may also bring your own allergy-free foods for the kitchen to prepare, or bring your own pre-made meals. Please notify us as soon as possible to allow our dietary staff adequate time to plan meals with allergy-free ingredients, although cross-contamination is possible. Ask for Evan or leave a message at (262) 473-3132 ext. 229.

Dairy-free Egg-free Gluten-free Other

In order to provide a Christ-honoring and positive atmosphere, campers are expected to abide by all Camp Joy rules. I understand that Camp Joy is a Christian camp where Christian principles will be taught. The camp reserves the right to send campers home who choose not to adhere to the camp's conduct guidelines. I acknowledge that if my child is dismissed from camp, there will be no refund. I am aware that Camp Joy offers a variety of competitive and challenging recreational activities. While Camp Joy takes precautions to ensure the safety of all attendees, it is understood that accidents or risks of bodily injury may occur. I agree that my child may participate in all activities, and I intend by my signature a complete and unconditional release of the camp for all liability to the greatest extent allowed by law. I also agree that photos of my child can be used for promotional purposes without compensation.

I give Camp Joy my consent to secure any necessary medical treatment for my child during the camping period. I also authorize any medical professional to render treatment as he or she deems necessary upon consultation with the camp staff. I realize my insurance will be billed for any medical treatment as the primary coverage for my child. I authorize the health care staff of Camp Joy to dispense my child's prescribed or over-the-counter medicine. I authorize the health care staff to treat minor injuries and administer over-the-counter medication as indicated during my child's stay at camp. I understand if my child has a communicable disease, sickness, or lice and/or nits, camp reserves the right to take appropriate precautions, including dismissal. I certify that the above information is complete and correct to the best of my knowledge.

Parent or Guardian _____ Date ____/____/____

Parent or Guardian Signature

To ensure accommodations, register as soon as possible. Please fill out and include authorized signature on all forms.

Camp Joy works closely before and during camp season in partnership with Fort Health Care Hospital to provide the highest level of medical care for campers.



OPERATION INFORMATION:

CAMP WEEKS:

June 3-8 Junior 1 & Primary 1 & Family Camp: Peanut Allergy & Inside Out Week

Evan Moore & Tim Berlin

June 10-15 Teen 1: Inside Out - Spiritual Emphasis Week

Justyn Smith

June 17-22 Junior 2 & Junior High:

Dave Anderson & Donnie Barnes

June 24-29 Teen 2: Jim Schettler

Teen 3: Inside Out - Spiritual Emphasis Week

TJ Mechling

July 8-13 Junior 3 & Primary 2:

Inside Out - Spiritual Emphasis Week

Bob Loggans

July 15-20 Teen 4: Inside Out - Spiritual Emphasis Week

Rich Tozour

