

**2022 Camp Joy Registration Form**

*(Separate Form for each camper, please)*

Camper's Last Name \_\_\_\_\_ Camper's First Name \_\_\_\_\_

Full Birthdate \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age \_\_\_\_ Grade in School this fall \_\_\_\_ Gender: **Male Female**

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent(s) Name \_\_\_\_\_ Phone #1 \_\_\_\_\_

Phone #2 \_\_\_\_\_ Phone #3 \_\_\_\_\_ Phone #4 \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Emergency Phone# \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Emergency Phone# \_\_\_\_\_

Email \_\_\_\_\_

Circle the camp you plan to attend: **Little Kids \$45 Intermediate \$90 Junior High \$100 High School \$100 Junior \$80 August Retreat \$45**

T-shirt, please circle size for camper youth: S M L Adult: S M L XL 2XL 3XL

If you want extra t-shirts, please indicate size: \_\_\_\_ and how many: \_\_\_\_ (extra t-shirts \$10.00ea)

Church you attend: \_\_\_\_\_ Church City: \_\_\_\_\_ Pastor's Name \_\_\_\_\_

Person(s) who will take this child home. \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**Medical Information**

Do you have any health problems or physical difficulties that we should know about? **Yes No**

If yes, please describe them here: \_\_\_\_\_

Please list any allergies here, including medicines and food: \_\_\_\_\_

**PARENTS** – May we give your child nonprescription medicines? **Yes No**

**PARENTS** – Please list any medicines your child will bring to camp. Give specific instructions, please. All medicines must be given to the camp nurse, except personal life saving devices.

By signing below, I give permission for my child to participate in the normal activities associated with Camp Joy Bible Camp, including hiking and swimming. Any exceptions are listed above. I realize that some of these activities may involve dangers and risk of bodily injury. I hereby and voluntarily release, discharge, waive and relinquish any and all loss or damages or actions or causes of action for personal injury, property damage or wrongful death occurring to my child during his or her stay at Camp Joy Bible Camp. I give permission for the camp to administer medications as it deems necessary to my child, within the limits I have specified above. This includes medications sent with my child, or nonprescription medications available at camp. In case of an emergency I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the physician selected by the camp to hospitalize and secure proper treatment (including surgery) for my child. I give permission for any photos taken during camp to be used for camp publicity. If the staff deems it necessary for my child to be removed from camp, due to disciplinary or other problems, I will respond by promptly picking up my child.

★ **Parent or Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Note:** A completed form with **signature** must be sent **for each camper for every camp**. No exceptions. Make checks out to Camp Joy. We strongly desire that no child be unable to attend due to financial difficulties. Scholarships are available. Contact us for more information.

Send this completed form to: **Camp Joy, 70790 Corp Rd 23, Republican City, NE 68971.**  
Phone: (308)539-1464 Email: [nebraskacampjoy@gmail.com](mailto:nebraskacampjoy@gmail.com) Director: **Garrett Kreifels**

**Camp Staff Use Only -- Please do not write in this gray area or below.**  
Amount Paid \_\_\_\_\_ Check # \_\_\_\_\_ Other \_\_\_\_\_