



CAMPER REGISTRATION SUMMER 2017

Mail completed registration form to:
CAMP JORDAN, P.O. Box 52, Barrington Passage, NS, B0W 1G0

If you wish to receive **CONFIRMATION** of your registration, please send a stamped, self-addressed envelope with your registration form.

Registration discount of \$10.00 when registering more than one child in the same family

Camper's Name: _____
(Last) (First) (Initial)

Birthdate: _____ / _____ / _____ Gender: (Circle) M F
(Year) (Month) (Day)

Full Mailing Address: _____ Postal Code: _____

Civic Address: _____ Telephone: _____

Email: _____ Cell Phone: _____

Other: _____

Parent(s) / Guardian(s) name(s): _____

Church you attend, if any: _____ Pastor's Name and Tel. #: _____

What is the name of the camp you wish to attend? _____

Date of Camp: _____

Is this your first time at Camp Jordan? (Circle) Yes No

Choice of one cabin mate: _____ (We will do our best to accommodate).

Registration fee for week-long camps - \$30.00 (Registration fee is non-refundable)

Fee enclosed? (Circle) Yes No

Receipt Name _____ Address _____

Please make cheques payable to **CAMP JORDAN**

Balance of fees payable on arrival at camp \$ _____

Camp	Dates	Ages	Cost	Paid	Balance
Amazing Grace (Co-ed)	July 9-14, 2017	8-12	\$200.00		
Great Outdoors (Co-ed)	July 16-21, 2017	8-12	\$200.00		
Slam Dunk (Co-ed)	July 23-28, 2017	8-12	\$200.00		
Cooking Up A Storm (Co-ed)	July 30-Aug. 4, 2017	8-12	\$200.00		
Lazy, Hazy, Summer Days (Co-ed) Teen Camp	Aug. 6-11, 2017	12-18	\$200.00		

I would like to SPONSOR a child to attend Camp Jordan

Amount \$ _____ (tax deductible)

Receipt? (Circle) Yes No

Receipt Name _____ Address _____

Would you like to order a Camp Jordan T-shirt? (Circle) Yes No

If yes, what size? (Circle below)

Youth sizes (\$15) XS(2-4) S(6-8) M(10-12) L(14-16) XL(18-20)

Adult Sizes (\$20) S M L XL

Fee enclosed? (Circle) Yes No

Media Waiver: By registering my child for camp, I understand that photos and videos of my child will be taken and used for Camp Jordan promotional purposes. Please check the appropriate box below:

I give consent for my child to be included in Camp Jordan promotional videos and photos.

I DO NOT give consent for my child to be included in Camp Jordan promotional videos and photos.

Please initial to show that you have read and understood the waiver: _____

Parental/Guardian Consent: I, the parent/guardian of _____, who will be attending Camp Jordan, do hereby give my consent to his/her participation in all Camp Jordan activities. I hereby release the Association of United Baptist Churches in Shelburne County, Camp Jordan, Camp Jordan Board, and all Camp Jordan staff, from any claim of injury or loss suffered by my child during the course of the Camp Jordan program being conducted. In case of an **EMERGENCY**, I hereby give permission to the Camp Jordan leadership to seek proper medical attention for my child, as named in this form.

Parent/Guardian signature: _____ Date: _____

**The above signature certifies acceptance of all conditions herein.
Please note that registration will NOT be accepted without the above signature.**



CAMPER MEDICAL FORM SUMMER 2017

TO BE FILLED OUT BY PARENT/GUARDIAN (NOT CHILD)
Please Print Clearly

Camper's Name: _____
(Last) (First) (Initial)

Health Card # _____ Date of Birth: (Y) _____ / (M) _____ / (D) _____

Telephone: _____ Cell Phone: _____ Other: _____

Family Doctor: _____ Telephone: _____

Are there any over the counter drugs that should NOT be given to your child? (Circle) Yes No

If yes, please list: _____

Are all vaccinations up to date? (Circle) Yes No Date of last Tetanus shot? _____

Please list any allergies your child may have: _____

Please list medication your child requires at camp:

1. Medication name: _____ Condition: _____ Dose & Time(s) _____

2. Medication name: _____ Condition: _____ Dose & Time(s) _____

3. Medication name: _____ Condition: _____ Dose & Time(s) _____

Please indicate any specific instructions for the care of your child while at camp: _____

A Camp Lifeguard/First Aid Personnel will administer all of your child's medications. ALL medications (even over-the-counter medications and vitamins/supplements) MUST be given to the Lifeguard/First Aid Personnel during Camper Registration on Sunday. Medications MUST be in their original labeled containers or sealed in blister packs from a pharmacy. All medications will be returned to parents/guardians at the end of the camping week. This is for all campers' safety and to avoid mistaken dosages and errors.

To ensure the health and safety of your child, we have access to a First-Aid trained staff member and lifeguard for every water activity.

Parental/Guardian Consent: I, _____ the parent/guardian of _____, agree that the above medical information concerning my child is accurate and current, and have included all known medical conditions, medications, and special care instructions regarding my child.

Parent/ Guardian Signature: _____ Date: _____

Please note that registration will NOT be accepted without the above signature.