

## Medical Information

Family Doctor: \_\_\_\_\_

Doctor's Phone: \_\_\_\_\_

Health Card #: \_\_\_\_\_

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) \_\_\_\_\_

*ALL medications (even over-the-counter medications and vitamins/supplements) MUST be given to the Director/First Aid Personnel during Camper Registration. 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.*

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

\_\_\_\_\_

*We want your child to have the best possible experience at camp - if you feel there are any other details that would help us, please feel free to attach any additional information to this form.*

## REGISTRATION info: All camps are co-ed and cost \$220 per camper

Please indicate which camp(s) you are registering for.

|  |       |
|--|-------|
| <input type="checkbox"/> Camp 1 <b>Amazing (G)race</b><br>co-ed age 8-12 August 4-9, 2019            | \$220 |
| <input type="checkbox"/> Camp 2 <b>Great Outdoors</b><br>co-ed age 8-12 August 11-16, 2019           | \$220 |
| <input type="checkbox"/> Camp 3 <b>Game On!</b><br>co-ed age 8-12 August 18-23, 2019                 | \$220 |
| <input type="checkbox"/> Camp 4 <b>Lazy, Hazy, Summer Days</b><br>co-ed Teen Camp August 25-30, 2019 | \$220 |

**Total Camp Fees** \$

|  |                       |
|--|-----------------------|
| <b>Camp Jordan T-Shirt</b> (select size)   |                       |
| <b>Youth Sizes</b>   |                       |
| <input type="checkbox"/> XS(2-4) <input type="checkbox"/> S(6-8)   |                       |
| <input type="checkbox"/> M(10-12) <input type="checkbox"/> L(14-16) <input type="checkbox"/> XL(18-20)       | _____ Qty x \$15 = \$ |
| <b>Adult Sizes</b>   |                       |
| <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL | _____ Qty x \$20 = \$ |

**Total Cost of T-Shirt(s) ordered** \$

Donation to SPONSORSHIP fund (optional) \$

Early Registration Discount \$10  
(Form and fees must be received by June 1, 2019) \$

Family Discount \$10  
(When registering more than one child in the same family) \$

**Total Cost** \$

Amount Enclosed \$  
(\$30 non-refundable deposit is due now, deducted from fees)

**Total Owing** \$  
(Due on first day of camp)

Please make cheques/money orders payable to Camp Jordan

Donation to SPONSORSHIP fund is tax deductible.  
If you made a donation and need a receipt:

Receipt Name \_\_\_\_\_

Address \_\_\_\_\_

### Camp Jordan

6019 Highway 3, Mod 2, Comp 12  
Jordan Falls, NS, BOT 1J0  
902-875-3951 (seasonal) - 902-874-0364  
office@camp-jordan.ca - www.camp-jordan.ca





## Contact us

Civic Address: 6019 Highway #3  
Module 2, Comp. 12  
Jordan Falls, NS  
BOT 1J0

Phone Number: (902) 874-0364  
Seasonal Phone: (902) 875-3951

Email: office@camp-jordan.ca  
www.camp-jordan.ca

 Camp Jordan

 @camp\_jordan

## Registration

Submit completed forms by mail or Email:

6019 Highway #3  
Module 2, Comp. 12  
Jordan Falls, NS · BOT 1J0

office@camp-jordan.ca

Let's Go Camping With God



SUMMER 2019

Vespers

Field Games

Swimming

Basketball

Campfires

www.camp-jordan.ca

Please detach here

**Camp 1 Amazing (G)race**  
 August 4-9, 2019 - co-ed ages 8-12  
 \$ 220.00 per camper

**Camp 2 Great Outdoors**  
 August 11-16, 2019 - co-ed ages 8-12  
 \$ 220.00 per camper

**Camp 3 Game On!**  
 August 18-23, 2019 - co-ed ages 8-12  
 \$ 220.00 per camper

**Camp 4 Lazy, Hazy, Summer Days**  
 August 25-30, 2019 - co-ed Teen Camp  
 \$ 220.00 per camper



Please detach here

**Consents and Waivers (legal stuff)**

**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.**

**Parental/Guardian Medical Information Endorsement:**

I, \_\_\_\_\_  
 the parent/guardian of \_\_\_\_\_  
 agree that the medical information provided on this form concerning my child is accurate and current. And that I have included all known medical conditions, medications, and special care instructions regarding my child.

\_\_\_\_\_  
 Parent/Guardian signature Date

**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:** \_\_\_\_\_

**Please note that registration will NOT be accepted without the waivers/consent forms being signed!**

**Camper Information**

Camper's Name \_\_\_\_\_  
 Camper's Date of Birth: \_\_\_\_\_  
 Camper's gender: M / F Camper's Age \_\_\_\_\_  
 Camper's preferred Cabin Mate: \_\_\_\_\_  
 (We will do our best to accommodate)  
 Is this your first time at Camp Jordan **(Circle)** Yes No

**Parent Information**

Parent Name(s) & Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_  
 Emergency Contact #: \_\_\_\_\_  
 Alternate Emerg. Contact #: \_\_\_\_\_  
 Adults authorized to pick up the Camper: \_\_\_\_\_  
 \_\_\_\_\_  
 Receipt Name and address (if different)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Church you attend, if any: \_\_\_\_\_  
 Pastor's Name and Tel. #: \_\_\_\_\_  
 \_\_\_\_\_

**The Ultimate Packing List**

- Sleeping bag, blanket, pillow
- Towels, face cloths, toothbrush, toothpaste, soap, shampoo, hairbrush
- Bug spray, sunscreen
- Pants, shorts, t-shirts, pajamas, lots of socks and underwear, sweatshirt, rain jacket, sneakers, sandals, 1-piece bathing suit
- Old clothes for mud fun!
- Bible, notebook, pens, markers, stuffed animals, water bottle, hat, sunglasses, flashlight

**What Not to bring to Camp**

- Anything containing peanuts
- Food or Gum
- Cellphones, iPods, cameras, or electronics of any kind
- Jewelry and other valuables
- Weapons or drugs of any kind

Don't let anyone look down on you because you are young, but set an example for the believers in speech, in conduct, in love, in faith and in purity. - 1 Timothy 4:12