

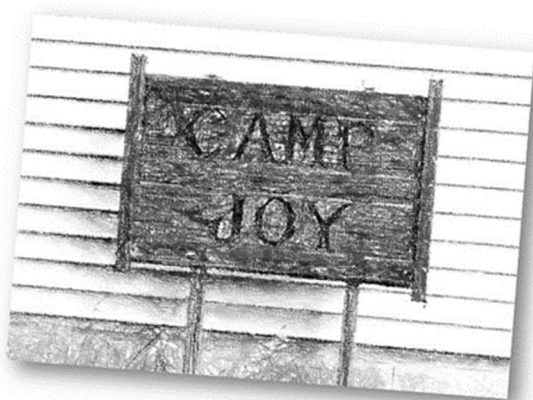
# Camp Joy 2017 Registration

## 2017 CAMP JOY SCHEDULE

**MIDDLER:** **June 25 – July 2, 2017; Sunday to Sunday**  
For students who have completed Grades 5-7  
Director: Laura Lee Modesitt  
**Registration** 1:00-2:00 PM, Sunday, June 25  
**Break Camp** 10:00 AM, Sunday, July 2

**JUNIOR:** **July 5 – July 9, 2017: Wednesday to Sunday**  
For students who have completed Grades 2 -4  
Director: Christopher VanHorn  
**Registration** 1:00-2:00PM, Wednesday, July 5  
**Break Camp** 10:00AM, Sunday, July 9

**SENIOR :** **July 9 – July 16, 2017: Sunday to Sunday**  
For students who have completed Grades 8-12  
Director: Bryan Baker  
**Registration** 1:00-2:00 PM, Sunday, July 9  
**Break Camp** 10:00 AM. Sunday, July 16



**PLEASE MAIL these forms by June 15, 2017, earlier if possible.**

- To Amanda Barbee  
1378 Salemville Rd,  
New Enterprise, PA 16664  
(814) 766-4585
- Or email to [anegraffius@hotmail.com](mailto:anegraffius@hotmail.com)
- Registration Form  
(Fees may be included or may be paid at camp.)
- Health & Insurance Form
- Waiver, Release and Emergency Form

**FEES: Senior and Middler:** \$80.00 - 1st camper in family  
\$70.00 —2nd camper in a family

**Junior:** \$65.00 – 1<sup>st</sup> camper in family  
\$60.00—2<sup>nd</sup> camper in family

**\$10.00 Discount if you Register online  
at the Camp JOY Website- CampJoyWV.org**

### Camp Joy Board of Directors

President, Larry Lawrence—(352) 668 4043  
Vickie Perine -(304) 659-3499  
Dennis Bond —(304) 624-9316  
John Thomas —(740) 398-9548  
Amanda Barbee —(814) 766-4585  
Ron Higson - (301)666-6666  
Brent Hannah —(304) 782-1907  
Secretary, Bryan Baker—(814) 766-0191  
Chip Thorngate —(614)332-7731

Camp Joy, Inc.  
376 Otterslide Creek Rd.  
Berea, WV 26327  
(304) 659-2892

Treasurer, Cynthia Brissey—(304) 782-1403  
Caretaker, Carman Perine—(304) 659-2034

## **BRING:**

Bible	Notebook
Pen/Pencil	Toothbrush
Toiletries	Sleeping Bag/Pillow
Sabbath Clothes	Towels
Soap	Clothes (for cool & warm)
Swim Suit (1 piece)	Flashlight
Camera (optional)	Musical Instruments
Mosquito repellent	Appropriate shoes- (see below)

## CAMP RULES

### ***Participation***

Each camper is expected to participate in ***all*** activities, unless, there is a medical reason or other reason approved by the Director.

### ***Discipline***

For good order and proper safety practices, campers are expected to be in the proper places at the appropriate times. They are expected to observe the Golden Rule (*Do unto others as you would have them to unto you!*)

### ***Property Limits***

River on the north, south, east, and the road on the west. Church property at appointed times, with the sanctuary used for spiritual purposes only. Campers must stay on camp property at all times, unless permission/directions given by director.

### ***Off Limits***

Boys are not allowed in the girls' dorm nor girls in the boys' dorm.

### ***Kitchen***

Campers must stay out of the kitchen except during kitchen crew times.

### ***Drugs***

There is to be no use of tobacco, alcohol or other drugs on the camp property.

### ***Medications***

***All medications*** (over the counter & prescription) are to be locked in the lock box and distributed by a member of the staff at the appropriate time.

### ***Water Safety***

The river may be used for canoeing and wading (with shoes on) during appointed times and with staff supervision. During the pool times at North Bend State Park all campers are expected to obey life guards and all posted rules.

### ***Appropriate Clothing***

Campers must wear clothing that is discrete (does not accentuate the physical body). Girls must not wear strapless tops or halter tops and they need a one-piece bathing suit. Boys must not wear Speedos for swimming.

### ***Automobiles***

Vehicles brought by campers will not be used during the camping session, except in an emergency, and then only when approved by the director.

### ***Absences***

Each camper is expected to report to camp during the registration period and to remain in camp until its conclusion. If a camper needs to come and go for any reason he or she must get the approval of the director.

**Footwear**

Suitable foot covering will be worn at all times: Sturdy shoes for active games. Closed-toed shoes in the river (not good shoes; they may be ruined). No bare feet except in bunk and shower. Sandals OK in building and quiet activities in mowed yard.

**Do not bring**

Do not bring any valuable items which might be lost or damaged including especially any types of electronic equipment, also fireworks, matches, lighters, non-Christian reading material, candy, gum, soda, snacks, or bottled water! If brought, it will be collected at the beginning of camp and returned when camper leaves. If it is not willingly surrendered to the director, or if found in camper's possession later, parents will be called and the camper sent home.

**Additional Rules**

The director may establish other rules when deemed necessary.

*This program is available to all without regard to race, color, national origin, sex, age, or handicap. If you feel you have been discriminated against, write to the Secretary of Agriculture, 14<sup>th</sup> Street & Independence Ave., Washington, D.C. 20230*

**Camp Joy 2017 REGISTRATION FORM**

(for all Senior & Junior-Middler Campers)

**NAME:** (Last) \_\_\_\_\_  
(First) \_\_\_\_\_ (M.I.) \_\_\_\_\_

**ADDRESS:**  
(Street) \_\_\_\_\_

(City) \_\_\_\_\_

(State) \_\_\_\_\_ (Zip) \_\_\_\_\_

**CHURCH**

Grade Completed \_\_\_\_\_ Birth Date \_\_\_\_\_ Sex \_\_\_\_\_

Circle the appropriate camp Senior Middler Junior

Permission to go swimming Yes No

Pictures use YES NO

**NAME and SIGNATURE OF PARENT/GUARDIAN:**

**Name** \_\_\_\_\_

**Please Print**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**CAMPER PLEDGE:**

I have read the camp rules and will follow them. I understand that any infraction of the rules will result in disciplinary action, including sending me home, if necessary.

**SIGNATURE OF CAMPER**

\_\_\_\_\_ (DATE) \_\_\_\_\_

**TEE SHIRTS**

Please circle the size you want for your Camp Joy T-shirt. Your T-shirt is included in your camp fee!

<b>Children's</b>	Small	Medium	Large
<b>Adult's</b>	Small	Medium	Large
	XL	XXL	XXXL

**EMERGENCY CONTACT INFORMATION**

Name: \_\_\_\_\_

Phone# \_\_\_\_\_ (home)

\_\_\_\_\_ (work)

\_\_\_\_\_ (cell)

**HEALTH & INSURANCE FORM**

***PRE-EXISTING MEDICAL CONDITIONS ARE NOT COVERED BY CAMP INSURANCE AND MUST BE COVERED BY PARENT/GAURDIAN'S POLICY!***

Camper's Name: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Sex \_\_\_\_\_

**Personal History**

**Please list any chronic conditions (i.e. allergies, asthma, diabetes, heart conditions, seizures)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Are you up to date on your vaccines? (Please Circle, if no please write which ones you have not completed or had)**

**YES NO**

\_\_\_\_\_  
\_\_\_\_\_

**Are glasses worn?** Yes No

**Any illnesses in the last two months?**

\_\_\_\_\_

**Subject to:**

- |   |  |
|---|--|
| <input type="checkbox"/> Frequent Colds | <input type="checkbox"/> Headaches     |
| <input type="checkbox"/> Cramps         | <input type="checkbox"/> Night Terrors |
| <input type="checkbox"/> Sleep Walking  | <input type="checkbox"/> Sore Throats  |
| <input type="checkbox"/> Convulsions    | <input type="checkbox"/> Nose Bleeds   |
| <input type="checkbox"/> Stomach aches  | <input type="checkbox"/> Bed Wetting   |
| <input type="checkbox"/> Other _____    |  |

**Allergies (to medicines) or special conditions to be watched for:**

\_\_\_\_\_  
\_\_\_\_\_

**Emotional or behavioral disturbance;**

\_\_\_\_\_  
\_\_\_\_\_

**Operations or Injuries**

\_\_\_\_\_

**Medications:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Any physical / emotional disorder** which will prevent camper from taking part in all of the camping program?

Yes  No If yes, please specify \_\_\_\_\_

***Health Insurance Info***

**PRINTED NAME:** \_\_\_\_\_

**Health Insurance Carrier:** \_\_\_\_\_

**Company:** \_\_\_\_\_ **Group #** \_\_\_\_\_

**Insurance Phone #:** \_\_\_\_\_

**Send Claims to:** \_\_\_\_\_

**WAIVER, RELEASE & EMERGENCY FORM**

***NAME OF CAMPER:*** \_\_\_\_\_

Having been made aware of the activities the camper will be doing. I hereby consent to the camper's participation in Camp Joy. I voluntarily release and forever discharge CAMP JOY, INC. from any and all liability, claims, actions or rights of action which are in any way related to the camper's participation at Camp Joy. I agree to indemnify and hold Camp Joy Inc. harmless from any and all costs or damages, including attorney fees, incurred in connection with the camper's participation in the camping program.

In case of emergency, I understand that every effort will be made to contact parents or guardians of minor camp participants. However, if parents or guardians cannot be reached, or if I, the below signed camper am 18 years of age or older, I hereby give Camp Joy Inc.'s representative to act on my behalf in seeking and administering medical treatment in the event that such treatment is deemed necessary or advisable for the camper's health, safety and welfare. I release Camp Joy Inc. from liability in acting on my behalf in this regard and rendering such medical treatment. I assume the risk and financial responsibility for any injury resulting from the camper's participation in camp activities.

***CIRCLE THE ONE THAT APPLIES: Parent / Guardian Over 18***

***SIGNATURE*** \_\_\_\_\_