



2010 Camper Application Form

Johnston Christian Park



Our camps tend to fill quickly (often by April). Please send your application early to avoid disappointment.

PLEASE PRINT. Send this form to the event director for your child's age group, along with a \$50 cheque (\$25 for Beginner) or money order payable to "Johnston Christian Park". Please note that the deposit is non-refundable if the camper does not attend for any reason.

SERVING CHILDREN & YOUTH SINCE 1954

Camper's Full Name: _____

Preferred name for camper's Name Tag: _____ Circle Gender: Girl Boy

Name of Parents/Guardians: _____

Mailing Address: _____

City/Town: _____ Postal Code: _____

Camper's Email: _____

Parent's Email: _____

Home Phone: (____) _____ Additional Phone No.'s: 1 (____) _____

2 (____) _____ 3 (____) _____ 4 (____) _____

Date of Birth (dd/mm/yy): _____ Current Grade in School: _____

Health Card No.: _____ Province of Health Coverage (card): _____

Were you a camper at JCP last year? If yes, please circle the camp you attended:

Beginner (age 7-8); Junior (age 9-10); Intermediate (age 11-12); Chi-Rho (age 13-15)

Campers may suggest ONE person with whom they would like to share a cabin (this is not guaranteed, and cabin assignments are at the sole discretion of the event director): _____

Campers will be provided with a camp t-shirt when they arrive at camp. Please select your size:

Children's sizes: Small Medium Large

Adult sizes: Small Medium Large X-Large

Do you attend church, Sunday School, or youth group on a regular basis? Yes No

If yes, which church/group? _____ Location: _____

Health Concerns (a detailed health form will be sent to you prior to camp): Please note any ongoing allergies or health concerns : _____

Describe any challenges or disabilities of this camper (learning, physical, behavioral, etc): _____
 _____ (if needed, attach further information).

Circle any current medical conditions: Bed Wetting Asthma Sleep Walking Seizures Fainting

Any dietary or other food concerns? Please indicate if your child eats only vegan or vegetarian meals or is lactose intolerant, etc.: _____

Please review the camp rules and conditions of enrollment located on the brochure. By signing this form, the parent(s)/guardian(s) and child agree to abide by these rules.

I have read all of this application form as well as the camp rules and conditions of enrollment. **I accept the conditions of enrollment** and declare that the information on this form is correct to the best of my knowledge. I have attached a letter explaining any further circumstances that the event director and staff should be made aware of to make my child's stay at JCP a safe and enjoyable one.

_____ Date

_____ Signature of Parent or Guardian