



2024 Camper Application Form



Johnston Christian Park

PLEASE PRINT. Send this form by surface mail OR email to the Registrar, Mrs. Pat Howell, 31 Donald Ave., Amherst, NS B4H 4A6, 902-667-5268, rdhowell1947@gmail.com along with a \$70 application fee (\$25 for Beginner Camp) by cheque or money order payable to "Johnston Christian Park" or e-transfer to above gmail address. Please note that the application fee is non-refundable if the camper does not attend camp. The balance owing (*\$150 week-long camp, \$ 65 beginner*) is to be paid during registration at JCP. We will acknowledge your application by email, but confirmation letters may not be mailed until mid-June.

Camper's Full Name: _____

Preferred name for camper's Name Tag: _____ Sex (please circle) GIRL BOY

Name of Parents/Guardians: _____

Mailing Address: _____

City/Town: _____ Postal Code: _____

Parent's Email: _____

Main Phone Contact: Name: _____ Ph.# _____

Additional Phone Numbers: *Please list in order of contact preference.*

(1) Name & Relationship to camper: _____ Ph.# _____

(2) Name & Relationship to camper: _____ Ph.# _____

Date of Birth (d/m/y): _____ Current Grade in School: _____

Health Card No.: _____ Province of Health Coverage/Card: _____

Campers may suggest ONE person with whom they would like to share a cabin, if applicable. Please understand, this is not guaranteed, and cabin assignments are at the sole discretion of the event director.

_____ *would like to share a cabin with* _____.

Does your child attend church, Sunday School, or youth group on a regular basis? Yes No

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

Applying for which camping event? (see list pg 2) _____ Date: _____

(Application continued on page 2)

Health Concerns (a detailed health form will be sent to you prior to camp opening):

Please circle below:

Does your child have allergies? YES NO

Does your child have any disabilities/ challenges? YES NO

Does your child have behavioral challenges? YES NO

Does your Child have dietary concerns? YES NO

Does your child have any other health concerns? YES NO

Beginner Camp (age 7-8) July 1-3 - \$90	Junior Camp (age 9-10) July 7-13 - \$220	Intermediate Camp (age 11-12) July 21-27 - \$220	Chi-Rho Camp (age 13- 15) July 14-20- \$220
--	---	---	--

**REGISTRAR for 2024: ALL applications forms/fees for 2024 sent by surface mail OR e-mail MUST go to:
Mrs. Pat Howell, 31 Donald Ave., Amherst, N.S., B4H 4A6, 902-667-5268, rdhowell1947@gmail.com**

CONDITIONS OF ENROLLMENT (2023): JCP is operated by the Maritime Area of the Christian Church (Disciples of Christ) and with the support of many dedicated volunteers ensure your child has an enjoyable and educational experience at this Christian camp. Accordingly, we ask that the parent/guardian of each child/youth applying to agree to the following conditions.

Camper Conduct: If a camper disrupts the ability to present the program, does not follow the rules, is deemed uncooperative or interferes with the safety of others, they will be asked to leave. This may affect a camper's participation in future JCP events. My child has agreed to conduct them self in accordance with Camp Rules, as located on the accompanying sheet and the consequences are understood. YES () Initial _____

Cellphones: (ages 7-15 at July camping events). Campers are NOT to bring cell phones to JCP. If a camper is found to have a cell phone, it will be placed with the camp director and will be returned after closing circle on the last day of camp. My child agrees to adhere to this rule. Yes() Initial _____

Child Custody: The parent/guardian named on the form has legal custody of the child. Conditions of custody, if applicable, will be shared with the registrar in writing upon application form. YES ()

Accident & Sickness Waiver/Release: In the event of sickness or accident, the camp, event directors, employees, volunteers are hereby released from any liability. YES ()

Camp Promotion: I grant permission for camp operators to use any photographs, video or electronic images of my child taken at JCP for use in future promotion of JCP. YES ()

I grant permission for camp operators to share any photographs, video or electronic images of my child taken at JCP, on social media. YES ()

Medical Emergency Permission: As necessary, I hereby give permission to the physician at hospital to secure proper treatment including injection, anesthesia, or surgery for my child. Every effort will be made to contact me ASAP. I also understand I will be charged with additional expenses related to transportation and/or special care. YES ()

If AGREEABLE, please sign below: If NOT AGREEABLE note which items not in agreement with AND sign accordingly. I declare all information I have provided on this application form to be accurate.

T-Shirt Size Child- Small Medium Large

Circle One: Adult- Small Medium Large XLarge XXLarge

Signature: _____ Date: _____