



# CAMP JONAH CAMPER REGISTRATION FORM

Registration form must be accompanied by a non-refundable \$50 deposit for Overnight Camps and \$25 for Day Camps.  
Please call ahead or email to check on availability. We need one form per camper.

### CAMPER INFORMATION

Camper Name \_\_\_\_\_ Camper Email \_\_\_\_\_

### CAMP ATTENDING

- Day Camp 1    Day Camp 2    Day Camp 3    Day Camp 4    Prime Camp    Ultimate Kids' Camp    G.I.R.L.'s Camp
- Man Camp    Jr. Adventure Camp    Middle School Adv Camp    High School Shape & Sharp    Grand Camp

Birthdate \_\_\_\_\_  Male or  Female

Age during camp \_\_\_\_\_ Grade Next Fall \_\_\_\_\_ Roommate Request (1 only, within 1 grade) \_\_\_\_\_

### Pricing

For each of our youth camps, you will find three different camp prices. You get to choose the one that best fits your family's ability to pay.

**Please circle the tier you'll be choosing for your camper.**

Camps	Tier 1 Discount	Tier 2 Normal Rate	Tier 3 True Cost
Prime, Ultimate & Jr. Adv.	\$195	\$280	\$340
G.I.R.L.'s, Man, Middle/ High Shape & Sharp	\$245	\$350	\$420
Day Camps	\$105	\$145	\$190
Grand Camp	\$30	\$115	\$140

### PARENT/GUARDIAN INFORMATION

Parent or Guardian Name(s) \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Physical Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Family Home Phone \_\_\_\_\_ Family Email Address \_\_\_\_\_

Father Cell Phone \_\_\_\_\_ Father Email \_\_\_\_\_

Mother Cell Phone \_\_\_\_\_ Mother Email \_\_\_\_\_

### EMERGENCY & MEDICAL INFORMATION

(In case of emergency, parent will be called first, then additional emergency contact)

Emergency Contact (Other than Parent) Name \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency Contact Phone \_\_\_\_\_ Cell \_\_\_\_\_

Insurance Company Name & Address \_\_\_\_\_

Policy/ID # \_\_\_\_\_ Physician \_\_\_\_\_ Phone \_\_\_\_\_

Pre-Existing Medical Conditions or Allergies \_\_\_\_\_

Current Immunizations:  Yes  No Initial Here \_\_\_\_\_ if your child can receive over-the counter medications (Tylenol, Advil, etc.)

Medical and Special Needs :  asthma    diabetic    ADD    ADHD    Other: \_\_\_\_\_

Special Needs \_\_\_\_\_

Notes to Registrar \_\_\_\_\_

# CAMP JONAH ACKNOWLEDGEMENT OF RISK FORM

ALL GUESTS OF CAMP JONAH MUST SIGN THIS WAIVER

## RELEASE OF LIABILITY:

As a guest of Camp Jonah (Jonah), I understand that a certain amount of risk is involved for individuals engaging in activities involved with our program. As a guest or camper I recognize the element of risk in any adventure, sport or activity associated with the Jonah program. I am fully aware of the risks and dangers inherent in activities such as, but not limited to: hiking, rafting, caving, low and high challenge course, zipline, climbing wall, inflatables, swimming, backpacking, field games, etc.

I understand the possible risks and dangers of participating in such activities. I realize that illnesses and injuries related to unpredictable weather conditions, carelessness, including failure to follow instructions, of other participants and Jonah staff, may occur and may be the cause of loss or damage to equipment or personal injury, illness, and, in extreme cases, permanent trauma and death.

I certify that I have the necessary skills and ability to participate in said activities and assume full responsibility for myself for bodily injury, death and loss of personal property and expenses thereof as a result of my negligence in participating in said activity except to the extent such damage or injury may be due to the negligence of the Jonah staff.

I also agree to abide by the rules or instructions given to me either verbally or in writing by Jonah staff. I further understand that Jonah reserves the right to refuse to allow any person to participate who is judged to be incapable of meeting the rigors and requirements of participating in said activity.

I assume any risk that could result while participating in the Jonah program—either on or off-campus. I recognize that Jonah cannot guarantee that the participants, equipment, grounds and/or activities will be free of accidents or injuries. I understand that Jonah has taken extensive safety measures, as well as making every effort to aid in the safety of all guests, campers, and participants. I agree to assume the risk of injury and expense that could result while at Jonah. I release the property owners, Jonah, its staff members, and Board of Directors from liability for any injury to me while a guest or camper of Jonah.

In the event that medical care is necessary, I (or parent/guardian) give permission to Jonah staff to authorize transport, hospitalization, x-ray, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for the participant named above. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating; otherwise, I agree to bear the costs of any such injury or damage. My signature below certifies that I am in good health and do not have any medical or physical limitations that would affect my participation in Camp Jonah activities.

## MEDIA RELEASE:

I give permission for Camp Jonah to use any photo or video of me/my child for Camp Jonah or promotional advertising. I release my rights to any kind of remuneration for said photos or videos.

I have read, understood, and accepted the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon me during the entire period of participation in Camp Jonah activities.

Participant's Printed Name

Participant's Age

Date (Month/Day/Year)

Signature of Adult Participant (18 years and older)

OR

Signature of Parent/Guardian (of minor participant 17 years and younger)

## EMERGENCY CONTACT INFORMATION:

#1 Name \_\_\_\_\_ Phone # \_\_\_\_\_

#2 Name \_\_\_\_\_ Phone # \_\_\_\_\_