

Journey Camp Registration - 2024

OFFICE USE ONLY

Date Received: ____ / ____ / 2024

Paid by: Cash / Check # _____

CHILD'S INFORMATION: (Please Print)

Child's Name: _____ Preferred Name: _____

Address: _____

City: _____ Zip Code: _____

Phone #: _____ Circle: Male Female Age: _____

Birthdate: ____ / ____ / ____ What Grade Completed at beginning of Camp: _____

Child lives with (circle all that apply): Father Mother Step-Father Step-Mother Legal Guardian

Child's Shirt Size: YXS YS YM YL AS AM AL AX L

ENROLLMENT INFORMATION: Please check and/or circle

_____ Full Time - \$150.00 per week (Monday through Friday)

_____ Part Time - \$30.00 per day Please circle desired days (if known): M T W TH F

**Unfortunately, Journey Camp is not a licensed federal government supported child care assistance program.
All fees must be paid by parents/guardians.*

PARENT/GUARDIAN INFORMATION: Print & list in order of preferred contact

Name: _____ Relationship to Child: _____

Phone: _____ Work #: _____

Email: _____

Address: _____

Name: _____ Relationship to Child: _____

Phone: _____ Work #: _____

Email: _____

Address: _____

ADDITIONAL EMERGENCY CONTACTS:

Name: _____ Relationship to Child: _____

Phone: _____ Work #: _____

Name: _____ Relationship to Child: _____

Phone: _____ Work #: _____

MEDICAL / ALLERGY INFORMATION: (Please Print)

Please list any allergies your child may have (food, medicine, latex, bee stings, etc.)

Please list and describe any medical condition(s) your child may have.

Will medication need to be administered during camp hours? _____

Please list and describe:

In the event that emergency medical care is required, I give permission for a representative of Journey Camp and/or ambulance service to transport my child to the nearest medical facility.

Parent Signature: _____ Date: _____

INSURANCE INFORMATION:

Medical Insurance Company: _____

Policy Number: _____ Group #: _____

Phone Number: _____

* If no insurance, Initial here: _____

CAMPER RELEASE INFORMATION:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

TRANSPORTATION / ACTIVITIES PERMISSION:

- I give permission for _____ to attend all movies shown during Journey Camp. **A movie list can be reviewed with the Camp Director*

Parent Signature: _____ Date: _____

- I give permission for _____ to be transported to and from Falling Springs and any other potential off campus outings by a representative of Journey Camp.

Parent Signature: _____ Date: _____

- I give permission for _____ to swim at both the indoor and outdoor pools at Falling Springs.

My child is required to wear a life jacket while swimming at Falling Springs: YES NO

Parent Signature: _____ Date: _____

PHOTO RELEASE:

- I give Journey Camp permission to use my child's photo and/or video of my child participating in Journey Camp activities for marketing materials such as brochures as well as ministry update videos for Journey Church. YES NO

Parent Signature: _____ Date: _____

Please submit a \$70.00 non-refundable registration fee at the time of registration.

Checks may be made out to: Journey Camp

Summer - 2024



Journey Summer Camp Waiver of Liability

By signing below for your child, a Journey Summer Camp participant, you are agreeing to the following for you and your child:

- I agree to follow all rules and instructions set forth by Versailles-Woodford County Parks and Recreation, Falling Springs Center and its employees.
- I realize there is an inherent risk when using any play structure or playground located in any of the parks.
- I understand that by signing this waiver I'm giving Falling Springs Center and the Versailles-Woodford County Parks my permission to use any photos or videos that may contain my image, or images of any minors in my household, for promotional means.
- I, the undersigned, hereby waive any and all claims that I may have against the Versailles-Woodford County Parks and Recreation Department, Woodford County Fiscal Court or the City of Versailles and the agents, employees, directors, board members, magistrates, council members, and officers of these entities for any loss I may suffer arising out of the use of the facilities both inside and outside of the Falling Springs Arts and Recreation Center. I agree to indemnify and hold harmless the above parties from and against any and all liability for damages arising from injuries to my person or damage to my property occasioned by any acts or omissions of the above parties including all expenses, legal or otherwise.

Child's Name (please print) _____

Parent's Name (please print) _____

Parent's Signature _____

Date _____