



JourneyChurch

Journey Camp Registration

320 Hope Lane- Versailles, Kentucky 40383

CHILD'S INFORMATION *(Please Print)*

Child's Name: _____ Preferred Name: _____

Circle: Male Female Birthdate: _____

Home Phone: _____ Address: _____

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 AXL

ENROLLMENT INFORMATION *(Please Check and/or Circle)*

_____ Full Time \$125.00 per week Monday - Friday

_____ Part Time \$30.00 per day Please Circle Desired Days: M T W TH F

PARENT/GUARDIAN INFORMATION *(Please Print and List in Order of Preferred Contact)*

Name: _____ Relationship to the Child: _____

Phone (Home): _____ (Work/Cell): _____

Email: _____

Address: _____

Name: _____ Relationship to the Child: _____

Phone (Home): _____ (Work/Cell): _____

Email: _____

Address: _____

ADDITIONAL EMERGENCY CONTACT *(Contacted only if a parent/guardian cannot be reached)*

Name: _____ Relationship to the Child: _____

Phone (Home): _____ (Work/Cell): _____

Name: _____ Relationship to the Child: _____

Phone (Home): _____ (Work/Cell): _____

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MEDICAL/ALLERGY INFORMATION

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

Please list/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 Number _____

Phone Number _____

* If no insurance, initial here: _____

CAMPER RELEASE INFORMATION: *(Please list all individuals with permission to pick up your child.)*

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. **see Camp Brochure or General Information Sheet for movie list.*

Parent Signature _____

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.

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

My child is required to wear a life jacket while swimming at Falling Springs: Yes No
**life jacket provided by parent.*

Parent Signature _____ Date _____

My child has a pool pass/membership for Falling Springs: Yes No

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 \$65.00 non-refundable registration fee at time of registration.

Checks may be made out to Journey Church with Journey Camp in the memo line.

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