

# SCMA JAMCAMP

Camper Registration Form | Ages 9–19

REQUIRED - Must be returned with signature and \$5,000 deposit

Fields marked \* are required

## 1 CAMPER INFORMATION

Full Name \*

Sex  Male  Female \*

Date of Birth \*

Age on Camp Start Day \*

First-Time Camper?  Yes  No \*

## 2 PARENT / GUARDIAN INFORMATION

Parent or Guardian's Full Name(s) \*

Business Phone \*

Home Phone \*

Mobile Phone

Home Street Address \*

Email Address \*

City / Town \*

Parish \*

## 3 EMERGENCY CONTACT (other than parent/guardian)

Emergency Contact Name \*

Mobile Phone \*

Alternative Phone

Relationship to Child \*

Emergency Contact Email:

## 4 CHURCH INFORMATION

Are you (camper or parent) a member of one of the International Churches of Christ? \*  Yes  No

If No - How did you hear about camp?

Church Congregation You Attend

## 5 DIETARY RESTRICTIONS & T-SHIRT SIZE

### Dietary Restrictions

- None  Vegetarian  Vegan  
 Gluten Free  Food Allergy (see form)  Other (specify below)

Other dietary details (if applicable)

### Camper T-Shirt Size

- Youth S  Youth M  Youth L  Adult S  
 Adult M  Adult L  Adult XL  Adult 2XL

Name of Parent / Guardian

Signature

Date

## 6 TERMS OF ACCEPTANCE

Please read each term carefully. Your signature at the bottom confirms your acceptance of all conditions.

- 1 I understand the Camp Directors reserve the right to dismiss any camper whose behaviour or attitude is disruptive or detrimental to the welfare of the camp. No refund will be given in the event of dismissal. It is the parent's responsibility to arrange transportation for early dismissal.
- 2 I am aware that the \$5,000 non-refundable deposit guarantees only the session week for which my child was accepted. If he/she elects to change to a different year, this deposit does not carry over.
- 3 Any bounced cheques will incur a \$1,500 processing fee.
- 4 I understand that ALL medicines must be turned over to the camp nurse upon arrival, unless a physician recommends self-medication (e.g. inhaler, EpiPen). If my child takes regular medication, I will supply enough for the entire camp in the original labelled container identifying the prescribing physician, drug name, dosage and frequency. I understand a nurse oversees medication administration and that it is ultimately the camper's responsibility to visit the nurse on schedule.
- 5 Failure to disclose any known medical or emotional condition may result in dismissal at the discretion of the Camp Director or Camp Nurse.
- 6 Due to our facilities, we do not have an infirmary capable of keeping sick campers beyond 24 hours. Even if you are travelling from out of town, please provide a local contact who can collect your child within 24 hours if he or she becomes contagious.

24-hr Emergency Contact Name (if out of town)

Contact Phone Number

Signature of Parent / Guardian

Print Name

Date

## 7 CHILD PROTECTION & SAFEGUARDING

Campers may be photographed or recorded only in accordance with the signed image consent form. Personal information collected on this form is used solely for camp administration, safety, emergency response and communication, in accordance with applicable Jamaican data protection requirements.

## 8 SUBMISSION CHECKLIST

To complete registration, ALL three items must be submitted together to the Camp Director:

- This completed and signed Registration Form
- Medical Form(s) - including any applicable forms: Anaphylactic Reactions, Asthma, Diabetes, Seizures, Food Allergy
- Permission for Church Use of Child Image Form
- Receipt with minimum \$5,000 non-refundable deposit (cheques payable to Kingston Church of Christ)

Registration is accepted on a first-come, first-served basis. Registrations are not confirmed until all three items above are received. Cheques payable to **Kingston Church of Christ**. Hand completed forms to the Kingston Church of Christ Youth Ministry Worker.