

# Joy El Connection Event Registration Form

Home School Connection   
  Jumpstart   
  Mother-Daughter Connection\*   
  Father-Son Adventure\*  
 Energizer   
  Surge   
  Father-Son Connection\*   
  Father-Daughter Connection\*

Please indicate how you heard about this event: \_\_\_\_\_

<i><b>Child's Information</b></i>			
Name:		Male/Female:	
Address:			
City:		State:	Zip:
Home Phone:	Child Cell Phone:		Date of Birth:
Child E-mail:		School Grade:	
<i><b>Parent/Guardian Information</b></i>			
Name(s):			
Is address same as above? <input type="checkbox"/> YES <input type="checkbox"/> NO (If NO, please fill in address below)			
Address:			
City:		State:	Zip:
Home Phone:	Work Phone:	Cell Phone:	
Parent E-mail:			
<i><b>*Please check here if you are registering for a parent-child event and you are NOT the child's parent or guardian:</b></i> <input type="checkbox"/>			
Cabinmate request – please list only ONE:			
I have never been to <b>Camp Joy El</b> and I was invited by: <i>(Members of the same household do not qualify)</i>			
<i><b>Child's Health Information</b></i>			
Primary emergency contact:		Phone:	
Secondary emergency contact:		Phone:	
Health problems/concerns/restrictions:			
Allergies (food, medication, etc):			

- I give **Joy El** permission to use pictures that include the camper(s) listed above in print or electronic media for publicity purposes.
- **Joy El** will in no way be responsible for medical treatment or liability resulting from physical conditions existing prior to the camper(s) coming to this event. I hereby authorize release of medical information necessary for insurance purposes to **Joy El**. In the event of an emergency and I CANNOT be located, I give permission for the hospital doctor to treat my child or operate.
- I understand that by supplying my family's e-mail addresses that I am giving **Joy El** permission to send news and information to those addresses.

My signature below implies consent for all statements listed above.

\_\_\_\_\_  
 Parent/guardian signature Date

***For Phone Registration – Office Use Only***

Order taken by:	Order Date:	Cost:
Credit Card #:	Expiration Date:	Security Code: