Registration Form – JOY CAMP 2010

JOY CAMP is a ***free*** summer camp that has served hundreds of children since it began in 1992. **ADVENTURES in LEARNING,** added to JOY CAMP in 2002, seeks to get children excited about learning by incorporating innovative and exciting techniques to enhance learning in children. ADVENTURES in LEARNING will capture the imagination of children with computer-based activities, games that teach, and educational field trips. The combined program is called **ADVENTURES at JOY CAMP**. You may enroll your child in **ADVENTURES at JOY CAMP** by simply completing the registration form below.

Please complete the enrollment form below. Return it to Shiloh Christian Church at 373 East Main Street, Middletown, CT 06457 by June 17.

Visit www.shiloh-christian.com for more information

Free T-Shirts **will be ordered for campers who register by June 17th**

Parent/Guardian Name: _____

Address:_____

Home Phone: _____ Work Phone: _____

Email Address: _____

(Note: This year all parents will be required to complete a demographic information sheet for reporting purposes. The demographic form is separate from this registration form.)

Name of Child(ren) (Print clearly)	Age	Sex	Last Grade Completed	Indicate T-Shirt Size Small-Med-Large-XL Child or Adult

I hereby give permission *for my child to participate in the above program(s). I understand that my child will receive biblical instruction, participate in arts and craft creation, and sporting activities. I feel that my child has the physical ability needed to participate in the physical activities.*

In the event that *the parent/guardian or persons named below cannot be reached for emergency reasons, I hereby give permission for my child to be transported to Middlesex Hospital or any nearby facility for medical attention.* ***It is hereby understood and agreed*** *that I/we shall assume full financial responsibility for any costs over and above that which is not covered by my insurance.*

I agree to indemnify and hold harmless *the Shiloh Christian Church and its counselors from any injuries or damage caused by or resulting from my child's participation in the JOY CAMP program.*

Parent/Guardian Signature:_____ Date:_____

If Parent/Guardian cannot be reached, please call: (Two names required)

Name Address Phone (home/work)

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