

CAMP JOY

Enrollment Application

Application Date: _____
 Payment Amount: _____
 Payment Date: _____
 Scholarship Request: _____
 Scholarship Approved / /

Please check preferred week of camp: July 5-9 July 19-23 Either Week
COST OF CAMP IS \$100.00 PER CAMPER

Must be Ages 8 – 11 by 7/1/09 to attend this camp.

If Scholarship Request is checked you will be contacted for information to confirm eligibility.

CHILD INFORMATION	Name		Nickname		
	Social Security #		Sex	DOB	
	Address		Home Phone		
	City, State, Zip		Cell Phone		
	School		Grade		
PARENTS/ GUARDIAN	Father's Name		Place of Employment	Work Phone	
	Address (if Different then child)			Phone	
	Mother's Name		Place of Employment	Work Phone	
	Address (if Different then child)			Phone	
	Guardian's Name		Place of Employment	Work Phone	
Address (if Different then child)			Phone		
EMERGENCY INFORMATION	Child's Physician		Phone		
	<i>People to contact if parents cannot be reached</i>				
	Names		Addresses (Physical Address)	Relationship	Phone
	Authorized to Pick-Up Child				
	Non-Authorized to Pick-Up Child				
Allergies, Chronic Physical Problems & Medication List (Dosage and Frequency)					
Action to Take in Emergency					

CHILD EMERGENCY MEDICAL AUTHORIZATION

In case of an emergency I give the Camp Joy staff permission to obtain immediate medical care and consents to the hospitalization of the performance of necessary diagnostic test upon, the use of surgery on, and/or the administration of drugs to, my child or ward if any emergency occurs when I cannot be located immediately. It is also understood that this agreement covers only those situations, which are true emergencies, and only when I cannot be reached. Otherwise I expect to be notified immediately.

Medical treatment costs are covered by:

- Insurance Company : _____
Policy Number: _____
- Parent or Guardian

Parents or Guardian's Signature

Date

AGREEMENTS

1. The parent/guardian agrees to pick up child as soon as possible when he/she becomes ill. If unable, agrees to make arrangements to have someone else pick up child and agrees to contact Camp Joy in regard to the person that will be allowed to pick up child
2. The parent/guardian authorizes Camp Joy to obtain immediate medical care if any emergency occurs when he/she cannot be located immediately. The parent/guardian understands that at any time the policy can be change to meet the license requirements.
3. The parent/guardian will inform the camp within 24 hours or the next business day after his child or any member of the immediate household has developed any reportable communicable disease, except for life threatening diseases, which must be reported immediately.
4. The parent/guardian authorizes the Camp Joy to transport children on field trips & centers not located at camp, in which parent/guardian will be given adequate notice.
5. The parent/guardian gives Clinch Valley Community Action, Inc./Camp Joy permission to photograph their child for promotion use, such as: news articles, advertisement, scrapbooks, web sites, etc. Parents will be made aware when photographs are used.
6. Parent/Guardian or the sponsor organization will be responsible to transport camper to and from Camp Joy.

Parent or Guardian		Date	

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Return Completed Application to:

Camp Joy
Clinch Valley Community Action, Inc.
P. O. Box 188
N. Tazewell, VA 24630

276-988-5583
276-979-1441 Fax
swhite@clinchvalleycaa.org