

# Bible Adventure Retreat

March 5-7, 2021

# Joy El

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## Individual Camper Registration

*Please use one form per person. Photocopy if necessary.*

\_\_\_\_\_  
Camper Name

Male or  Female

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Birthday

\_\_\_\_\_  
School Grade

\_\_\_\_\_  
Father/Guardian Name

\_\_\_\_\_  
Mother/Guardian Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
E-mail Address

- I give permission for Joy El to send me news and information to the email I have supplied above.  
 Please check for a Bible Adventure Discount and apply to my account

Church/Group Name \_\_\_\_\_

Church/Group City \_\_\_\_\_

### Parent Consent Statement

- ◆ In signing this statement, I certify that this camper is in good health and may participate in ordinary camping activities. Joy El will in no way be responsible for medical treatment or liability resulting from physical conditions existing prior to the camper 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 give Joy El permission to use pictures that include the camper listed able in print or internet for publicity purposes.
- ◆ As a parent/guardian of \_\_\_\_\_ (camper name), I hereby fully waive, release and discharge Joy El Camps & Retreats, its agents, employees, successors and assigns, from any and all rights, claims, and actions, arising now and/or in the future, out of my child's participation in camping activities conducted by and/or under the auspices of Joy El Camps & Retreats. I further agree to indemnify and hold harmless Joy El Camps & Retreats from any claims arising out of any injury or harm my child may cause to another individual during the course of his participation in camping activities. This includes all activities described on brochures and the web page, including but not limited to the Giant Swing, Flying Squirrel, or Zip line.

\_\_\_\_\_  
Signature of parent or guardian must appear in ink

\_\_\_\_\_  
Today's Date

*\*Please make sure to complete the Camper Health Information form.*