

## Attendant Information

Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Male: \_\_\_\_\_ or Female: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Cell Number: \_\_\_\_\_  
Email: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_  
Cell Number: \_\_\_\_\_  
Church Name: \_\_\_\_\_  
Church City: \_\_\_\_\_

## Sponsor Lodging

\_\_\_\_ Deluxe Room    \_\_\_\_ Driftwood Cabin

## Medical & Activity Consent

I give Camp Joy my consent to secure any necessary medical treatment for me during the camping period. I also authorize any qualified physician to render treatment he or she deems necessary upon consultation with camp staff. I realize my insurance will be billed for any medical treatment as the primary coverage. I understand if I have a communicable disease, sickness, or lice and/or nits, the camp reserves the right to take appropriate precautions, including dismissal.

In order to provide a Christ-honoring and positive atmosphere, campers are expected to abide by all Camp Joy rules. I understand that Camp Joy is a Christian camp where Christian principles will be taught. The camp reserves the right to send campers home who choose not to adhere to the camp's conduct guidelines. I acknowledge that if I am dismissed from camp there will be no refund. I am aware that Camp Joy offers a variety of competitive and challenging recreational activities. While Camp Joy takes precautions to ensure the safety of all attendees, it is understood that accidents or risks of bodily injury may occur. I intend by my signature a complete and unconditional release of the camp for all liability to the greatest extent allowed by the law. I also agree that photos or videos of me can be used for promotional purposes without compensation.

Parent Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

## Camper Medical Form

Please Note: All medications must be in their original labeled containers or medications cannot be given. Please, do not send medication in pill boxes or zip-lock bags. Medications include: prescriptions, vitamins, over-the-counter medication, as well as creams and essential oils.

Name: \_\_\_\_\_ Amount: \_\_\_\_\_  
 A.M.     Lunch     P.M.     Bedtime     As needed

Name: \_\_\_\_\_ Amount: \_\_\_\_\_  
 A.M.     Lunch     P.M.     Bedtime     As needed

Name: \_\_\_\_\_ Amount: \_\_\_\_\_  
 A.M.     Lunch     P.M.     Bedtime     As needed

Mark all that apply (Medical)  
 Asthma     Diabetes     Seizures     Recent Injury  
 Other \_\_\_\_\_

Mark all that apply (Allergies)  
 None     Antibiotic     Bee Stings     Latex  
 Other \_\_\_\_\_

Mark all that apply (Food Allergies)  
 Dairy-free     Egg-free     Gluten-free     Peanut-free  
 Tree Nuts     Soy     Shellfish  
 Other \_\_\_\_\_

Mark here if your child carries an Epinephrine Auto-injector (EpiPen)

**W7725 Kettle Moraine Dr.  
Whitewater, WI 53190**

**(262) 473 -3132**

**Facebook: CampJoyWI**

**Instagram: campjoy1962**



**campJOY**  
WISCONSIN



**Bundle up and head to Whitewater, where you'll join Ranger Nate and the Wilderness Friends for a weekend full of winter fun!**

Together, we'll explore the beauty of God's creation, learn about His Word, and make memories.



# Retreat Cost

\$60 per person

Adult Sponsors can upgrade from a Deluxe Room to a Driftwood Cabin

Driftwood Village Cabin: additional \$20 per person, \$10 per child maximum of \$60 per family

**Friday**

6:00 - 8:00 pm Arrival

**Saturday**

2:00 - 3:00 pm Pack Up & Departure

# Retreat Highlights

**Fireside Room Games**

**Laser Tag**

**Open Gym**

**Competitive Activity**

**42 North Coffee**

# Retreat Speaker

Nik Richards serves as a youth pastor at Calvary Baptist Church in Watertown, Wisconsin. There, he and his wife, Alicia, are passionate about the importance of the local church and serve together in whatever capacity they can.

