

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

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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.

