

2017 CAMP JOY REGISTRATION FORM

We welcome participation of youth without regard to race, color, religion, sex, national origin, disability, ancestry, age, income eligibility, sexual orientation, or marital or family status.

PLEASE PRINT CLEARLY – **INCOMPLETE FORMS WILL NOT BE PROCESSED**

Camper's Name: Last _____ First _____ Circle One: M F Date of birth ____/____/____
Street _____ City _____ State _____ Zip _____
Primary Phone (____) _____ County _____ School District _____
Ethnicity (Optional – for statistical use only) Circle One: White African-Amer. Latino Asian Bi-Racial Other

- FULL Youth & Teen Resident Camp Session 1: June 26-30** Traditional camp for youth ages 7-15
____ **Introduction to Camp Joy: July 5-7** Traditional camp intro for youth ages 5-8
____ **Youth & Teen Resident Camp Session 2: July 10-14** Traditional camp for youth ages 7-15
____ **Youth Resident Camp Session 3: July 17-21** Traditional camp for youth ages 7-12
____ **Youth and Teen Resident Camp Session 4: July 24-28** Traditional camp for youth ages 7-15

PARENT/GUARDIAN/FOSTER PARENT INFORMATION

1. Parent/Guardian's/Foster Parent's name _____ Relationship _____
Home Address: Street _____ City _____ State _____ Zip _____
Home Phone (____) _____ Cell Phone :(____) _____ Work Phone (____) _____
Email Address: _____ Please circle Preferred correspondence: Email or Mail

2. Parent/Guardian's/Foster Parent's name _____ Relationship _____
Home Address: Street _____ City _____ State _____ Zip _____
Home Phone (____) _____ Cell Phone :(____) _____ Work Phone (____) _____

IF PARENT/GUARDIAN IS NOT AVAILABLE IN AN EMERGENCY NOTIFY: **List 2 contacts other than Parent/Legal Guardian**

1. Name _____ Relationship _____ 2. Name _____ Relationship _____
Home Phone (____) _____ Cell/Work Phone (____) _____ Home Phone (____) _____ Cell /Work Phone (____) _____

AUTHORIZATION FOR CAMPER PICK-UP Any additional persons to whom child may or may not be released:

May _____ May not _____

AGENCY INFORMATION: Is this child affiliated with a foster care agency? Yes _____ No _____ (if yes—caseworker MUST sign below)

List any affiliated agency or service working with this child _____ Contact/Social Worker _____
Phone #'s/Pagers 1.) _____ 2.) _____

TRANSPORTATION

Bus service is available from **Carl H. Lindner YMCA** located at 1425B Linn Street, Cincinnati, OH. 45214

REGISTRATION BEGINS MONDAY AT 11:30 AM.

BUS DROP-OFF IS FRIDAY AT 11 AM.

Monday buses depart at 12:00pm

Will drop my child off at Joy on Monday at 1:00pm

Friday Bus Transportation 11:00am

Will pick up my child at Joy on Friday at 10:00am

Acknowledgement of Risk and Release- Camp Joy

I understand that completing and signing this form is a prerequisite for my or my child's participation in Camp Joy's programs.

I understand that my participation in programs offered by Joy Outdoor Education Center, LLC (dba Camp Joy) and Joy Outdoor Education Center Foundation, Inc., is based on a "Challenge by Choice" philosophy. I recognize that the program is designed to use experiential, engaging, teaching techniques, but that my participation is purely voluntary, and I elect to participate in spite of the risks.

Activities: I am aware that experiential, outdoor pursuits for which I have enrolled such as living history reenactments (Ex. Underground Railroad), hiking, walking on uneven ground, high ropes challenge courses, ground initiatives, mountain biking, archery, swimming, and other activities at Camp Joy entail certain risks. Camp Joy has a number of high ropes elements. High ropes courses can include poles, ropes, cables and platforms on which participants move with and without the assistance of staff and other participants. The level of exertion required for the activities will be similar to a day of moderate to strenuous exercise. Activities are explained by staff, and belay or other support systems may be used. Activities vary in height and difficulty.

Risks: I understand and acknowledge that experiential education including high ropes courses and other Camp Joy activities involve risks which could result in injury, tripping, falling, broken bones, burns, death, or damage to my property. I may be in situations in which I depend on others for my physical well-being. The risks described and others are inherent in Camp Joy activities and without them the activities would lose their essential character and value.

Camp Joy recommends that those with heart conditions, high blood pressure, back or neck issues refrain from full participation in high ropes experiences and physically spotted activities. Expectant mothers (without a specific medical release) are not permitted to fully participate at height on ropes courses or with spotted activities.

Release: I, for myself and for my heirs, personal representatives, and assigns, and each of them, forever release and fully discharge Joy Outdoor Education Center, LLC and Joy Outdoor Education Center Foundation, Inc., and each of their members, managers, directors, employees, volunteers, agents, officers, predecessors, affiliates (including the Warren County Astronomical Society with respect to our Observatory), representatives, successors, and assigns, from any and all actions, causes of action, claims, costs, damages, demands, fees, and/or liability of any kind, nature, or descriptions whatsoever, whether known or unknown, arising out of or in any way related, whether directly or indirectly, to participation in any Camp Joy program, including, but not limited to any physical injury, psychological injury, or loss of life or personal property that may occur as a result of participating in this program.

Signature of parent/legal guardian _____ **Date** _____

If child is in foster care, signature of Case Worker : _____ **Date** _____

I DECLINE to give my consent for my child to be photographed for general camp and/or agency printed/ internet publicity

Signature of parent/legal guardian _____ **Date** _____

2017 CAMP JOY HEALTH FORM

Camp Joy, PO Box 157, Clarksville, OH 45113 937-289-2031

APPLICATION WILL NOT BE PROCESSED WITHOUT THIS INFORMATION.

This form should be completed by the camper's parent or guardian.

Camper Name: _____

PHYSICIAN & INSURANCE INFORMATION

Family Physician's Name _____ Phone _____ Family Dentist's Name _____ Phone _____

Medical/Hospital Plan: _____ Policyholders First & Last Name _____

Health Insurance Company/Carrier _____ Policy or Group # _____

MEDICAL CONDITIONS:

- None
- Ear Infections
- Diabetes
- Infectious Hepatitis
- Asthma
 - Triggers _____
 - Frequency of rescue inhaler use _____
- Seizures/convulsions/Epilepsy
 - Seizure type _____
 - Treatment (medication, dosage, when to give medication, etc) _____
- Pregnancy
- Heart Disease
- Fainting
- Headaches
- High Blood Pressure

MEDICATIONS Yes _____ or No _____

If yes, please specify below

Prescribed and Over the Counter Medicine to take at Camp
Name/Reason

1. _____/_____
2. _____/_____
3. _____/_____
4. _____/_____

IMMUNIZATIONS AND HISTORY:

Are the child's immunizations up to date?

Please Circle One: Yes No

Please give date of most recent tetanus shot or booster: Date: _____

ALLERGIES Yes _____ or No _____ If yes, please elaborate below

Please list all medication, food and other allergies (including stings, poison ivy, seasonal, hay fever, etc.) and how to treat them.

***Please provide an Epi Pen if your child needs one. *Please see camp nurse if you have further concerns

Type (nuts, stings, medication, etc)	Severity (mild, moderate, severe)	Treatment (Benadryl, Epi pen)

Describe and give dates of any hospitalizations, serious injuries or recurring illnesses: _____

Does the camper have any physical restrictions? Yes or No

If yes, please explain _____

Does your camper have any dietary restrictions? Yes or No

If yes, please explain: _____

Does the camper have any current physical, mental or psychological conditions requiring medication, treatment or, restrictions at camp: Yes _____ or No _____

if yes, please explain _____

In case of pain, or sickness give this participant:

_____ Nothing _____ Acetaminophen (Tylenol) _____ Ibuprofen (Advil) _____ Cough Drops _____ Imodium AD _____ Benadryl
_____ Benadryl Cream _____ Cortisone Cream _____ Other List: _____

PARENTAL ACKNOWLEDGMENT AND CONSENT

The health history is correct as far as I know, and the person herein described has permission to engage in all prescribed camp activities, except as noted. **Authorization for treatment:** I hereby give permission to the medical personnel selected by Camp Joy to provide routine health care, administer prescribed medications, and seek emergency medical treatment, including ordering x-rays or routine tests. I agree to the release of any records necessary for insurance purposes; I give permission to Camp Joy to arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by Camp Joy to secure and administer treatment, including hospitalization, for the person named above. I give permission to the Camp Joy medical staff to assist my child with over-the-counter medication if needed.

Signature of Parent/Legal Guardian _____ Date _____

2017 CAMP JOY / OHIO SUMMER FOOD SERVICE PROGRAM APPLICATION

FOR OFFICE USE ONLY:
 \$ _____ Monthly Income
 _____ Approved
 _____ Denied
 Signature of Authorized Official

 Date ____/____/____

Joy serves nutritious meals as part of the federally funded Summer Food Service Program for Children. Thank you for your time to help JOY in this reimbursement program!

COMPLETE & SIGN SECTION 1, 2 or 3

I certify that all of the below information is true and correct. I understand that this information is being given for receipt of federal funds; that program officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws

Camper's Name _____

1 FOR CHILDREN RECEIVING FOOD STAMPS OR OWF

____ Yes, I received Food Stamp or OWF benefits for the child listed above this month and request meal benefits.

Food Stamp Case Number (10 digit #)
 Your 10 digit case number can be found on your certification letter from SNAP or OWF.

OR

OWF/TANF Identification #

Signature of Adult Household Member _____ Date _____

2 FOR FOSTER CARE CHILDREN

____ Yes, the camper is under the legal responsibility of a human service agency and is living in our household.

OR

Personal Use Income of Foster Child:
 \$ _____
 "O" if the child has no personal use income.

Signature of Adult Household Member _____ Date _____

Income Eligibility Information for Section 3:

REDUCED INCOME ELIGIBILITY GUIDELINES - 185% Guidelines to be effective from July 1, 2016 through June 30, 2017
 Households with incomes less than or equal to the reduced price values below are eligible for free or reduced-price meal benefits.

HOUSEHOLD SIZE	YEAR	MONTH	TWICE PER MONTH	EVERY TWO WEEKS	WEEK
1	21978	1,832	916	846	423
2	29,637	2,470	1,235	1,140	570
3	37,296	3,108	1,554	1,435	718
4	44,955	3,747	1,874	1,730	865
5	52,614	4,385	2,193	2,024	1,012
6	60,273	5,023	2,512	2,319	1,160
7	67,931	5,663	2,832	2,614	1,307
8	75,590	6,304	3,152	2,910	1,455
For each additional family member, add	7,696	642	321	296	148

3 FOR CHILDREN NOT CURRENTLY RECEIVING FOOD STAMPS OR OWF

LIST ALL HOUSEHOLD MEMBERS' NAMES	Gross Monthly Earnings	Monthly Welfare/ Child Support / Alimony / OWF	Monthly Pensions/ Retirement / Social Security	Monthly Other income

 Signature of Adult Household Member Last 4 Digits of Social Security # Date

Section 9(d) of the National School Lunch Act requires that the primary wage earner, or adult household member signing the application, include their social security number but if you refuse, your child may not receive free meals. The social security number may be used to identify you for verifying the information reported on this application. Verification may include audits; investigations; contacting the state employment security office, Food Stamp or welfare office, and employers; and checking the written information provided by the household to confirm the information received. If incorrect information is discovered, a loss of benefits or legal action may occur. These facts must be told to the household member whose Social Security number is reported on this form.

FULL STATEMENT: In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
 - (2) fax: (202) 690-7442; or
 - (3) email: program.intake@usda.gov.
- This institution is an equal opportunity provider.

- **Total cost for a one-week session is \$350.**
- A non-refundable registration fee of \$50 must accompany each application (one application per child). If your camper is registering for more than one session there must be \$50 per session they are applying for.
- **The registration fee will be deducted from the total camp fee.**
- Applications are processed on a first received and properly completed basis.
- Make check or money order payable to Camp Joy.
- **Please write camper(s) name on the check.**
- If the remaining balance is not paid TWO weeks prior to the beginning of camp, the camper may lose their opportunity to attend camp.
- **REFUND POLICY: Registration fees are non-refundable and non-transferable.** Any tuition paid is refundable provided applicant does not attend and Camp Joy is given two weeks prior notice.
- Financial assistance is available. If interested, please complete portion below.

PAYMENT METHOD A

1 - \$350 full payment is enclosed

PAYMENT METHOD B

1 - \$50 Registration fee is enclosed

2 - \$300 Final payment will be due **two weeks** prior to the beginning of camp.

PAYMENT METHOD C

1 - \$50 Registration fee is enclosed.

2 - Financial Aid Form is completed below.

3 - **Appropriate photo copies of proof of income attached.**

3 - Camp Joy will send Invoice/Confirmation that will indicate balance due (IF ANY). Final payment will be due **two weeks** prior to the beginning of camp.

If you would like to pay with a credit card please see the attached form.

2017 CAMP JOY FINANCIAL AID FORM (ONLY REQUIRED OF THOSE SEEKING FINANCIAL AID)

Camp Joy is committed to serving all people regardless of their income. Full or partial financial assistance may be awarded or denied based on demonstrated need. Approximately 1-3 weeks after this completed form (accompanied by current proof of income) is received, you will be notified of balance due. **This application for aid is not to be considered a guarantee of financial assistance.**

-- CONFIDENTIAL --

FINANCIAL PROVIDER'S INFORMATION

Head of Household's / Financial Provider's Name _____ Number of Family Members in the Household _____

Address (If not on Camper Info. Page) _____

Phone # (If not on Camper Info. Page) (____) _____

REASON ASSISTANCE IS NEEDED

<input type="checkbox"/> Social Emotional Need (specify on separate sheet)	<input type="checkbox"/> Rehabilitation Referral	<input type="checkbox"/> Unemployed
<input type="checkbox"/> Currently enrolled in school/job training	<input type="checkbox"/> I can't afford Camp tuition	<input type="checkbox"/> Foster Child / Ward of the State
<input type="checkbox"/> Other (please specify) _____	has child ever received assistance to Camp Joy before? Yes <input type="checkbox"/> No <input type="checkbox"/> What Years? _____	

INCOME INFORMATION

Based on the Annual Gross Income for Household (include total income for ALL adult household members). **Current proofs of income must be attached for consideration** (Photocopies of paycheck stubs, W-2 Form, Verification of Public Assistance, Social Security Benefits, ADC, Worker's Compensation, etc.).

Incorrect OR incomplete information can result in disqualification of application.

ANNUAL GROSS INCOME: (**Attach photocopies to verify – APPLICATION IS VOID WITHOUT PHOTOCOPIES**)

Wages \$ _____ PA/SS/SSI \$ _____ AFDC \$ _____ Child Support \$ _____ Other \$ _____

TOTAL GROSS family income as reported on 2016 I.R.S. Tax Form \$ _____ (**Attach photocopy of tax return cover.**)

ACKNOWLEDGEMENT

A \$50.00 NON-REFUNDABLE REGISTRATION FEE FOR EACH SESSION SELECTED IS REQUIRED WITH EVERY CAMP APPLICATION.

Lack of or incorrect information can result in disqualification of application for aid. This application for aid is not to be considered a guarantee of financial assistance.

I declare that all the information provided on this form is correct and agree to provide additional documentation to verify financial need if requested.

Signature of Parent/Legal Guardian _____ Date _____

CREDIT CARD PAYMENT FORM

(Revised 08/2011)

Card Holder: Name on Card: _____

Zip Code associated with the Card: _____

Phone #: _____

Contact if different from above information:

Email: _____

- Charge is to cover: _____

Program: _____

Program Date: _____

Charge Amount \$ _____

MasterCard American Express Visa Discover

Card Number: _____ Exp. Date _____

CVV # _____ (MC & Visa 3 digit# on back of card, AX 4 digit # on front of card)