



Camp Joy Belize
 campjoybelize@gmail.com
 P.O. Box 464, Belmopan, Belize
 +501-625-0569

www.campjoybz.org



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NEW CAMPER INFORMATION FORM

Camp Dates: July 3rd-7th 2019
Baptist Training Camp
Camalote Village

CAMPER INFORMATION:

Camper's Name _____

Nickname _____

Camper's age _____ Date of Birth (DD/MM/YY) ____/____/____ Sex: ___M___F

Home Phone _____ Cell Phone _____ E-mail _____

School or Center Camper attends: _____

Parent/Guardian information:

Name: _____ Occupation _____

Cell Phone _____ Home Phone _____ E-mail: _____

Address _____

Street

City

District

Other Family members close to camper:

Name	Age	Relationship (to camper)	Lives with?
			Y N
			Y N
			Y N

Camper T-shirt Size: Small Medium Large X-Large 2X-Large Other: _____



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Equipment

Does the camper use any of the following equipment?

Glasses: for reading only at all times other: _____

Hearing Aide: Left Right Both

Speech Output Device

Communication board/book

Walker

AFOs/Braces

Prosthesis

Crutches/Cane

Wheelchair: Manual/ Power at all times/ for long distances

self-propel/ assisted

Shower Chair

Other: _____

Parent/Guardian Assessment:

Disability/Diagnosis/Handicap:

Is there a secondary disability? If so, describe:

Approximate Mental/Social Age _____

Can he/she read or write? _____ What level? _____

Describe Speech/Language abilities:

Strengths: _____

Concerns: _____

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Does the camper have seizures? ___ No ___ YES If yes, Type: _____
 Duration: _____ Frequency: _____ Date of last seizure: _____

Behavior

How well does he/she follow directions?

How well does he/she accept discipline?

Other behavior(s) that might affect the camper's stay at camp:

Does the camper need any assistance with Personal Hygiene? If so, please explain:

Please describe any other areas in which your camper might need assistance:



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Please list any special instructions or information, which would help us provide a rewarding camp experience for your camper:

Please describe fears, likes, dislikes, or habits that you feel would be helpful for the staff to know. Any suggestions you may have for assisting the camper's smooth transition to the camp are appreciated.

Are there any Camp Activities your child should not participate in?:

Reason:



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AUTHORIZATION RELEASE (please check if YES)

_____ My child has permission to **pet** horses. _____ My child has permission to **ride** horses.

_____ My child has permission to swim and play in the pool

I authorize/give permission to Camp Joy Belize/ East Lake Community Church (ELCC) to release the name of my child or photos/videos of my child to promote services for persons with disabilities and Camp Joy to newspapers, radio stations, television, ELCC website and other media outlets, including but not limited to Facebook. I give permission for my child to be transported in a private/church/camp vehicle as needed.

In case of medical emergency, I understand every effort will be made to contact parents/guardians. In the event the parent/guardian cannot be reached, I hereby give permission to the physician selected by Camp Joy Director to secure proper treatment, to hospitalize, order injections, anesthesia &/or surgery for my child as needed. I also affirm that the medical information submitted in this application is both complete and correct.

Camper's Name _____ Date _____

Guardian/Parent Name _____ Signature _____

Camper Medication/Health Information

Over the Counter medicines

I give permission to administer to my child, as necessary, any "over-the-counter" medicines (Including: Antibiotic Creams/Ointments/Sprays, Band-Aids, Ear Drops, Eyes Drops, Bug Spray, Tylenol, Cough Drops, Tums, Cough Medicine, etc.)

_____ You have my permission to administer any "over the counter medicines" as necessary.

Guardian/Parent Name _____ Signature _____



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Allergies

_____ Camper does not have any known allergies (Please initial here _____)

Allergy	Reaction	Treatment

I hereby certify that this medicine record and health history for _____ (*Camper's name*) is correct and true to the best of my knowledge, and I give permission for this camper to engage in all camp activities except as noted.

Parent/Guardian Signature _____ Printed name _____

Relationship to Camper _____

Date: _____



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