



You're invited to CAMP BLAST at Joy El Camps and Retreats!

Transportation is provided from school and back to location specified below.

Activities include:

Go-karts, ga-ga ball, playground, gym, tetherball, mini-golf, exciting camp games, and Bible message!

Tuesday, March 21, 2017

CIA students, friends, staff, parents, & grandparents

\$7.00 per person for pizza and transportation.

After-Event Pickup information for parents:

CAMS North and South students may be picked up at the **Chambersburg Church of the Brethren (4th St.) at 7:25 PM**

Central Fulton students may be picked up at **The Alumni Building at 7:30 PM**

Greencastle students may be picked up at **Greencastle Otterbein Church (146 Leitersburg St) at 7:25 PM**

James Buchanan students may be picked up at **Camp Joy El at 7:00 PM**

Shippensburg students may be picked up at the **Memorial Park parking lot at 7:40 PM**

Southern Fulton students may be picked up at **Needmore Bible Church at 8:15 PM**

Southern Huntingdon students may be picked up at **Southern Huntingdon Middle/High School at 8:10 PM**

Waynesboro students may be picked up at the **Jesus Alive Ministries at 7:30 PM**

Warm Spring students may be picked up at **Weslyan Chapel at 8:30 PM**

For questions call Joy El Camps and Retreats at 717-369-4539.

To register complete the permission form below.

DO NOT MAIL THIS FORM TO Joy El Camps and Retreats (see instructions below).

Camp Blast at Joy El Camps and Retreats, March 21, 2017

Are you a CIA Student? _____

Name _____ **Sex** _____ **Grade** _____

Address _____ **School** _____

Student email _____ Parent email _____

Parent home # _____ Parent cell# _____ Student cell# _____

Family Doctor _____ Dr.'s phone _____

Any known allergies to food, medications, bee stings, etc.? _____

What medications are you presently taking? _____

In case of emergency call:

Name _____ Relationship _____ Phone _____

- ◆ In signing this statement, I certify that this student is in good health and may participate in ordinary activities. Joy El will in no way be responsible for medical treatment or liability resulting from physical conditions existing prior to this event. 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 student listed above in print or internet for publicity purposes.
- ◆ I understand that providing my email address gives Joy El permission to send me news and event information.
- ◆ As a parent/guardian of _____ (student name), I hereby fully waive, release and discharge Joy El, 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 this activity conducted by and/or under the auspices of Joy El. I further agree to indemnify and hold harmless Joy El from any claims arising out of any injury or harm my child may cause to another individual during the course of his participation in this activity.

Signature of Parent or Guardian - in ink (_____) **Phone # during event** _____ **Date** _____

Name of authorized adult picking up your child _____

Location of pick up after the event _____

Younger siblings may only attend if accompanied by a parent.

Name(s) of parent(s), grandparent(s) and sibling(s) attending: _____
\$7.00 per person Total enclosed \$ _____ (non-refundable)

Please return form and money to CIA or to your school office by Tuesday, March 14.

Do NOT mail this form to Joy El!