



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 game, and Bible message!

Thursday, March 30, 2017

Released Time students, friends, staff, parents, & grandparents

\$7.00 per person for pizza and transportation.

After-Event Pickup information for parents:

- Benjamin Chambers'** students may be picked up at Chambersburg Bible Church (810 Orchard Drive) at 7:30 PM
- Buchanan** students may be picked up at Chambersburg Bible Church (810 Orchard Drive) at 7:30 PM
- Falling Springs'** students may be picked up at Chambersburg Grace Brethren Church (315 S. Edwards Ave.) at 7:45 PM
- Grandview** students may be picked up at Greenvillage Church of God (5164 Phila. Ave., Chbg.) at 7:50 PM
- Lurgan** students may be picked up at Lurgan Elementary School at 7:50 PM
- New Franklin** students may be picked up at the New Franklin Elementary at 7:30 PM
- Nancy Grayson** students may be picked up at the Rite-Aid Parking Lot Shippensburg at 7:30 PM
- Marion** students may be picked up at the Marion Elementary at 7:15 PM
- Scotland** students may be picked up at Scotland Elementary School at 7:40 PM
- St. Thomas** students may be picked up at the St. Thomas Elementary School at 7:15 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 30, 2017

Are you a Released Time Student? _____

Name _____ **Gender** _____ **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 bottom of form and money to Released Time or to your school office by Thursday, March 23.

Do NOT mail this form to Joy El!