



2025 Camper Application Form



Johnston Christian Park

PLEASE PRINT. Mail to Registrar, Pat Howell, 31 Donald Ave., Amherst, NS B4H 4A6; or email to rdhowell1947@gmail.com. An application fee of \$70 (\$25 for Beginner Camp) is required. This may be paid by cheque or money order, payable to "Johnston Christian Park" sent to Pat Howell at the address above, or by e-transfer to rdhowell1947@gmail.com **Please note that if the camper does not attend camp, the application fee is non-refundable.** The balance owing (\$150 week-long camp, \$ 65 beginner) is to be paid during registration at JCP. We will acknowledge your application by email, and you should receive a confirmation letter in early June. If you have questions, the Registrar, Pat Howell, may be contacted at 902-667-5268.

At JCP we strive to be a place where everyone is welcome and accepted, and where all may come to experience God's wonder and love through a Christian camping experience. We welcome you regardless of race, ethnicity, socio-economic status, sexual orientation, gender, religion, or ability. JCP staff will attempt to accommodate individuals who want to join us in our camp setting. Our facilities and staffing may not be adequate to meet every need, therefore we are committed to ongoing listening, learning and seeking ways to better bring God's message of love to all.

We know summer camp can be an expensive investment. Our aim is to never turn a child away because of finances. If you'd like to learn more about what assistance may be available, please email Pat Howell rdhowell1947@gmail.com

Camper's Full Name: _____

Preferred name for Name Tag: _____ Gender _____ Preferred Pronouns: _____

Name of Parents/Guardians: _____

Date of Birth (d/m/y): _____ Current Grade in School: _____

Health Card No.: _____ Province of Health Coverage: _____

Mailing Address: _____ Town: _____ Postal Code: _____

Parent's Email: _____

Main Phone Contact: Name: _____ Ph.# _____

Additional Phone Numbers: *Please use a separate page, if necessary, and list in order of contact preference.*

(1) Name & Relationship to camper: _____ Ph.# _____

Camper's may suggest ONE person with whom they would like to share a cabin. Please understand, this is not guaranteed, and cabin assignments are at the sole discretion of the event director.

_____ would like to share a cabin with _____

Applying for which camping event? (Circle applicable one)

Beginner Camp (age 7-8)
July 27-29 - \$90

Junior Camp (age 9-10)
July 6-12 - \$220

Intermediate Camp (age 11-12)
July 20-26 - \$220

Chi-Rho Camp (age 13- 15)
July 13-19 - \$220

(Application continued on page 2)

Health Concerns (a detailed health form will be sent to you prior to camp opening):

Please circle below:

Does your child have allergies? YES NO To what? _____

Does your child have any disabilities/ challenges? YES NO

Does your child have behavioral challenges or triggers? YES NO

Does your child have dietary concerns? YES NO

Does your child have any other health concerns? YES NO

If you've answered yes to any of the above, please, on a separate piece of paper, give as much detail as possible to help us manage these challenges at camp.)

JCP is operated by the Maritime Area of the Christian Church (Disciples of Christ). With the support of many dedicated volunteers, we do our best to make sure your child and the other campers have an enjoyable and educational experience. We need your commitment, and that of your child's, to the following Conditions of Attendance.

Please indicate your agreement with these Conditions of Attendance by initialing each one and please review them with your child.

Camper Conduct: If a camper disrupts the ability to present the program, does not follow the rules, is deemed uncooperative or interferes with the safety of others, they will be asked to leave. This may affect a camper's participation in future JCP events. My child has agreed to conduct themselves in accordance with Camp Rules, as located on the accompanying sheet, and the consequences are understood. Initial _____

Cellphones: (ages 7-15 at July camping events). Campers are NOT to bring cell phones to JCP. If a camper is found to have a cell phone, it will be placed with the camp director and will be returned after Closing Circle on the last day of camp. Initial _____

Child Custody: The parent/guardian named on the form has legal custody of the child. Conditions of custody, if applicable, will be shared with the registrar in writing on the application form. Initial _____

Accident & Sickness Waiver/Release: In the event of sickness or accident, the camp, event directors, employees, volunteers are hereby released from any liability. Initial _____

Social Media Waiver: I grant permission for camp operators to use any photographs, video or electronic images of my child taken at JCP on social media and for use in future promotion of JCP. Yes ___ No ___ Initial _____

Medical Emergency Permission: If an emergency arises, I hereby give permission for camp staff to transport my child, or arrange to have my child transported by ambulance, to hospital to secure proper treatment including injection, anesthesia, or surgery for my child. Every effort will be made to contact me ASAP. I also understand I will be responsible for any expenses related to transportation and/or special care. Initial _____

I confirm the information I have provided on this application form is accurate and I declare my commitment to the above Conditions of Acceptance.

Signature of parent/guardian: _____ Date: _____

On the first day of camp, each camper is given a T-shirt with JCP logo. Please circle the size your child will require.

CHILD – Small Medium Large ADULT – Small Medium Large XLarge XXLarge