



## Registration Process

- We would like for you to use the Online Registration at [www.campjacob.com](http://www.campjacob.com). If you do not have access to the online registration, please fill out the attached Camper Application and Health Form.
- Mail the application with payment to:  
  
**Camp Jacob Registrations  
2723 Camp Jacob Rd.  
Clintwood, VA 24228**
- Day Camp Early Registration: \$80.00  
Day Camp Registration **after** July 20: \$100.00
- Payments may be made in full or in installments with half due at time of application and the remainder due at Check-In Registration. Prices include a \$10.00 non-refundable processing fee.
- Late applications may be turned in at Check-In Registration.

## PACKING

**BRING:** Bible, appropriate clothes, towels, modest swimsuit, athletic shoes, flipflops for the lake, and sunscreen.

## DRESS CODE

Dressing modestly is an integral part of showing respect for ourselves, others and the Lord. During our weeks at camp, campers are very active and busy. Clothing that is too tight or loose is not conducive to our level of activity our campers will experience.

Please adhere to the following standards:

- All undergarments must be covered (including bra straps, waistband of boxers, etc).
- Midriffs (front and back of the torso) must be covered.
- Oversized arm holes on T-shirts or tank tops are not allowed on boys or girls.
- Shorts should be knee-length for both boys and girls.
- Any clothing that requires constant adjustment (pulling down or up, tugging at seams or straps) should not be worn at camp.
- Swimsuits for female campers may be a one-piece or tankini. If a camper decides to wear a two-piece, she must wear a shirt or a cover. Male camper must wear traditional swimming trunks. Campers will wear their clothes over their swimsuits when moving to and from the lake.
- Clothing with off-color or immoral advertising is not allowed.

**PLEASE NOTE:** Please do not send anything "NEW" to camp. Clothing (including shoes, socks, and towels) may be damaged, lost, or destroyed during camp. The director reserves the right to require any camper to change his or her outfit if considered inappropriate. The camp also reserves the right to discharge any non-cooperative or non-compliant camper.

## PARENTS NOTE:

1. Camper fee refunds are not given for early departure.
2. Campers may be photographed and/or recorded on video for use in promotional materials.
3. For the protection of the campers, those with contagious conditions such as chickenpox, Flu, bedbugs, lice, etc. should not be brought to camp. If your child has been treated for any of the previously mentioned conditions within **2 weeks** prior to camp, please inform the camp staff.
4. Lost and found items not picked up within 30 days after departure will be disposed of.

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## CODE OF CONDUCT FOR SUMMER CAMP

Camp Jacob is a special place set aside for God's work. The Bible gives many examples in which God blessed mankind because of efforts to maintain holiness. It is our desire for God to bless and perform a mighty work in the lives of those who come to Camp Jacob. Therefore, please respect our guidelines while on the premises of Camp Jacob to maintain biblical standards. Any guest who is uncooperative or noncompliant to our guidelines will be subject to dismissal.

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\* See Camp Jacob's website for detailed descriptions of programs and activities.

Scholarships are available for those in need. Requests for scholarships must be completed **before** the early registration deadline. For more scholarship information or requests, please call: 276-926-8960, email: [dennis@campjacob.com](mailto:dennis@campjacob.com), or visit our website at [www.campjacobministry.com](http://www.campjacobministry.com).



For the health and safety of your child while at camp, please read this form carefully and fill in the requested information. Please provide complete information so that we may better serve your child in case of emergency or illness.

Camper's Legal Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Camper's Preferred Name \_\_\_\_\_ Grade JUST Completed \_\_\_\_\_ Age \_\_\_\_\_  
 Male  Female  As of the 1<sup>st</sup> Day of Camp  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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Father/Guardian Name: \_\_\_\_\_  
 Mother/Guardian Name: \_\_\_\_\_  
 Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Email \_\_\_\_\_

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Home Church (if any) \_\_\_\_\_  
 Pastor's Name \_\_\_\_\_ Pastor's Phone Number \_\_\_\_\_

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Are you being sponsored by a church? Yes/No  
 If so, which church? \_\_\_\_\_

T-Shirt Size (Circle One): **Youth Sizes:** XS Small Medium Large  
**Adult Sizes:** Small Medium Large XL XXL

T-Shirts are available for parents at the cost of \$7.00.  
**Adult Sizes:** Small Medium Large XL XXL

List a relative or friend over 18 years of age who may serve as an emergency contact and, if necessary, have permission to pick up the camper if the parent(s) cannot be reached. *(Note: While your child is at camp, please make sure someone is always available to be reached by phone in case of illness or emergency.)*

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

**Will your child need transportation to and from day camp? YES/NO (Circle One)**

**If yes, will your child be picked up at the 4 Way or Valley View Church? \_\_\_\_\_**

**Please list medications needed while at camp. Include medication name, dose, and time(s) to be given. Be specific with medication directions.**

Medication: \_\_\_\_\_

Medication: \_\_\_\_\_

Medication: \_\_\_\_\_

***ALL MEDICINES MUST BE IN THEIR ORIGINAL CONTAINERS. This includes over-the-counter medicine as well as prescription medicine. Please label over-the-counter medicine with your child's name. Please talk with the nurse about directions for all medicine that your child needs to take while at camp. NURSES BY LAW AND STANDARDS OF PRACTICE CANNOT GIVE MEDICATION THAT IS NOT LABELED AND IN THE ORIGINAL BOX, BOTTLE, OR CONTAINER. NURSES MUST BE ABLE TO POSITIVELY IDENTIFY WHAT THEY ARE ADMINISTERING.***

**List any allergies or food restrictions:**

Medication \_\_\_\_\_

Food \_\_\_\_\_

Insect bites or stings \_\_\_\_\_

Other \_\_\_\_\_

Usual treatment for allergic conditions \_\_\_\_\_

Date of last tetanus shot \_\_\_\_\_

Is the camper covered by an Insurance Program? No  Yes

Insurer Name \_\_\_\_\_ Policy Number \_\_\_\_\_

List any medical conditions, especially those that will require special care while at camp. Please be sure to inform the Camp Director and Camp Nurse if your child has: asthma, diabetes, seizures, heart problems, sleep problems, urinary or bowel problems, handicap conditions that require special assistance, or any other special medical condition.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any mental or behavioral conditions your child may have.

\_\_\_\_\_  
\_\_\_\_\_

List any specific activities to be restricted for medical or other reasons.

\_\_\_\_\_  
\_\_\_\_\_

**\*PLEASE NOTE\*** If a parent or guardian is planning to attend day camp with a camper, we are asking for a donation of an extra \$25 to cover the cost of food for the adult attending.

**SIGNATURES REQUIRED:**

**Camper Agreement (To be signed by all overnight campers):**

"I agree to abide by guidelines in the *BRING, DO NOT BRING and DRESS CODE* sections of the General Information Sheet. I further agree to obey the camp's rules while at Camp Jacob."



\_\_\_\_\_  
Signature of Camper

**Parent/Guardian Agreement:**

"I have read the General Information Sheet, and I agree to support these guidelines for my child while at Camp Jacob. I also agree that my child may participate in all camp led activities on or off the camp's premises except as noted on this application.

In case of a medical emergency, I understand that every effort will be made to contact the parents and/or named contacts of campers. In the event that neither the parents nor contacts can be reached, I hereby give permission to the physician selected by the Camp Director to hospitalize and secure proper treatment for, and order injection, anesthesia or surgery for my child.

In the event of an injury or illness that is not serious I give permission for the camp staff to treat my child, as needed with non-prescription medications and equivalents including, but not limited to those listed below."

Tylenol, Ibuprofen, Antibiotic ointment, Benadryl tablets or liquid, Cortisone cream for itching



\_\_\_\_\_  
Signature of Parent or Guardian