



WEST JAMAICA CONFERENCE OF SEVENTH-DAY ADVENTIST  
YOUTH MINISTRIES DEPARTMENT

WESCONYOUCA REGISTRATION FORM

JULY 18-25, 2017 (JUNIORS AGE 6-15)  
JULY 25 – AUGUST 1, 2017 - SENIOR CAMP (AGE 16+)

Name of Camper: \_\_\_\_\_ Age: \_\_\_\_\_

Email Address: \_\_\_\_\_ Sex: Male  Female

Telephone #: H \_\_\_\_\_ C \_\_\_\_\_ W \_\_\_\_\_

Address: \_\_\_\_\_ Name of Church: \_\_\_\_\_

Parish: \_\_\_\_\_ Name of Pastor: \_\_\_\_\_

Please indicate the type of delegate you are:  Church Delegate  Non-Church Delegate  
 Drum Corp  Staff: Office \_\_\_\_\_

Please indicate the type of accommodation:  Personal tent  Cabin

**\*EACH CHURCH IS ASKED TO SPONSOR AS MANY DELEGATES AS POSSIBLE \***

**(REGISTRATION FEE \$4,000.00 PER CAMPER)**

Please find enclosed *Registration Fee*:

\$4,000.00

***Full payment must be made and returned along with a copy of the Application form to the Youth Ministries Department of West Jamaica Conference on or before July 10, 2017***

Please indicate the type of camper you are:  Junior  Senior

If you are paying by cheque please make it payable to *West Jamaica Conference of SDA*.

**I hereby pledge that I will abide by the rules and regulations of Camp, and further declare that I am duly insured:**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_  
Pastor/Elder

Signed: \_\_\_\_\_  
Parent/Guardian (under 18 yrs.)

**CAMPERS HEALTH FORM  
WESCONYOUCA 2017**

Campers Name ..... Age .....

Address ..... Telephone # .....

Church ..... Parent/Guardian's Name .....

**(THIS FORM IS TO BE FILLED OUT BY THE PARENT OR GUARDIAN OF THE CAMPER. THE INFORMATION GIVEN HERE WILL BE CONFIDENTIAL).**

A. Put a tick against the illness that your child has had:

- |                   |     |                    |     |
|-------------------|-----|--------------------|-----|
| 1. Whooping cough | ( ) | 6. Mumps           | ( ) |
| 2. Chicken pox    | ( ) | 7. Scarlet fever   | ( ) |
| 3. Measles        | ( ) | 8. Rheumatic fever | ( ) |
| 4. German measles | ( ) | 9. Dengue fever    | ( ) |
| 5. Sickle cell    | ( ) | 10. Pink eye       | ( ) |
|                   |     | 11. Diarrhoea      | ( ) |

B. Put "yes" or "no" where applicable.

1. The camper has been immunized against:

- Diphtheria ( )  
Polio ( )  
Tetanus ( )

2. The camper has had attacks of

- Asthma ( )  
Epilepsy ( )  
Bronchitis ( )  
Severe headaches ( )

3. Please state any other information concerning your child's health that you think your camp nurse should know.

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.....

4. Will the camper be taking any medication (including vitamins) to camp? If so, please list them.

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I have filled out this form myself and understand that the Camp Administration has taken every precaution to see to my child's welfare, and to encourage healthful habits during the days of camp. I also understand that if medical expenses are incurred because of illness, I will be responsible for such expenses.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date