

CAMP JUDAH 2025 CAMPER REGISTRATION

Camper Name _____ Age _____ M or F

Address _____ City _____ State _____ Zip _____

Parent/Guardian _____ Home Phone _____

Email _____ Work Phone _____

[Your registration will be confirmed by email so be sure it is accurate and current.]

Church _____

Emergency Contact (other than parent noted above) _____

Relationship to camper _____ Home Phone _____ Work Phone _____

Person other than parents camper may go home with _____

Dates: June 29 - July 4, 2025

Ages: 11-17 [Any campers under the age of 11 who attended Camp Judah in 2024 will be allowed to attend.]

Registration Cost: \$275 early registration; \$300 for registrations postmarked after 6/9/25

Camp registration covers all camp activities, including the climbing wall and ropes course.

All registration fees are non-refundable and non-transferable.

You may request ONE (1) SAME AGE Cabin-Mate if you desire _____

[We'll do our best but there are no guarantees.]

Parent/Guardian: *"I hereby give my approval for my child's participation in any and all activities prepared by Camp Judah during camp. I assume all risk and hazards incidental to the conduct of the activities, and release, absolve and hold harmless Camp Judah and all its respective officers, agents, and representatives from any and all liability for injuries to said child arising out of traveling to, participating in, or returning from camp sessions."*

Signed _____ Date _____

Parent/Guardian: *"I give my consent to allow Camp Judah to use photographs or video footage of my child in camp publications, including promotional materials."*

Signed _____ Date _____

Checks may be made out to Camp Judah. Please send completed registration form and payment to:

Camp Judah, 2444 N. Main St., Warsaw, NY 14569

CAMPER HEALTH INFORMATION

Camper Name: _____ Date of Birth: _____

Health Insurance Carrier: _____

Policy # _____ In whose name? _____

List all known allergies: _____

Please provide any information regarding your emotional, mental or physical challenges, if any.
Please note that the campgrounds are located on a hill and the terrain may be challenging for some.

A full Medical Health Form must be completed and signed by the camper's licensed health care provider prior to attending camp. Please fax the camper's most recent vaccination record to (585)786-8219 OR email to campjudah@gmail.com OR bring it to registration at camp.

Medical Release and Authorization *As Parent and/or Guardian of the named camper, I hereby authorize the diagnosis and treatment by a qualified and licensed medical professional, of the minor child, in the event of a medical emergency, which in the opinion of the attending medical professional, requires immediate attention to prevent further endangerment of the minor's life, physical disfigurement, physical impairment, or other undue pain, suffering or discomfort, if delayed. Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray examination and immunizations for the named athlete. In the event of an emergency arising out of serious illness, the need for major surgery, or significant accidental injury, I understand that every attempt will be made by the attending physician to contact me in the most expeditious way possible. This authorization is granted only after a reasonable effort has been made to reach me. Permission is also granted to Camp Judah and its affiliates including Directors and Nurses to provide the needed emergency treatment prior to the child's admission to the medical facility. Release authorized on the dates and/or duration of the registered season. This release is authorized and executed of my own free will, with the sole purpose of authorizing medical treatment under emergency circumstances, for the protection of life and limb of the named minor child, in my absence.*

Signed _____ Date _____

If you have any questions, please contact Camp Judah at 585-786-2969 or campjudah@gmail.com.