



# 2017 CAMP UNO – Camper and Adult Registration

Christian Church (Disciples of Christ) in Florida

RETURN COMPLETED FORMS AND PAYMENT TO



The Retreat at Silver Springs, aka the Christian Church Conference Center

6455 E. Silver Springs Blvd., Silver Springs, FL 34488

**Camper Information – print legibly. For the comfort and protection of your Camper, please be complete.**

Full Name: \_\_\_\_\_ Date submitted: \_\_\_\_\_

Name preferred for nametag: \_\_\_\_\_ Age: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Camper's email: \_\_\_\_\_

Gender: \_\_\_M \_\_\_F Birthdate: (MM/DD/YYYY) \_\_\_\_\_

Grade completed in school by June 2017: \_\_\_\_\_

Home Church: (include city) \_\_\_\_\_

**T-shirt size:** (circle one) Youth: M L XL Adult: S M L XL XXL XXXL

**Adult information – for the adult coming with the camper**

Full Name: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_

Name preferred for nametag: \_\_\_\_\_ Gender: \_\_\_M \_\_\_F

Address (if different from above): \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**T-shirt size:** (circle one) Youth: M L XL Adult: S M L XL XXL XXXL

Camp Uno will begin with registration at 3:00 p.m. on Friday, July 28, and close at 3:00 p.m. on Sunday, July 30. Registration deadline is July 13 and the camp fee is \$150.00 per person.

➔ **Great news: Thanks to a special financial gift this year... If both the camper and the adult are registered prior to May 15, the fees will be discounted to \$100 for the child and \$100.00 for the adult.**

**Parent/Guardian Information & Emergency Contact Information**

If the parent is attending Camp Uno, please list another emergency contact person:

Parent/Guardian or Emergency Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relation to camper: \_\_\_\_\_ Email: \_\_\_\_\_

Phones: (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (work) \_\_\_\_\_

**Signatures – all sections must be complete for registration process.**

**Camper Covenant & Signature – Both camper and attending adult should sign**

The following are the general and specific expectations for those who are participating in all camps, conferences, and other events sponsored by the Christian Church in Florida (Disciples of Christ). By signing below you (the camper) agree to the following:

- I will take part in all event activities from beginning to end.
- I will cooperate with all event leaders and obey the rules set for my particular event.
- I will respect each and every person attending my particular event, treating all people equally and with dignity.
- I will be responsible for the cleanliness and condition of any areas in which I am participating. (Graffiti, carving, cutting, mutilating, vandalizing, etc. will **NOT** be tolerated).
- I understand that language, clothing, and behavior considered offensive, foul, provocative, overtly sexual, belittling, or harmful in any way (as determined by the event director) will **NOT** be tolerated.
- I understand that there are to be **NO** males in female's cabins and **NO** females in male's cabins, and to respect everyone's personal space.
- I will **NOT** bring any electronic devices (cell phones, radios, stereos, personal listening devices, games, televisions, tablets, etc.) to any event. Such items will be confiscated and returned at the event's conclusion.
- I will **NOT** use tobacco products, alcohol, or any non-prescribed drugs during any event.
- I will **NOT** bring candy, food, or snacks to any event, unless arranged with the director.
- I will **NOT** bring fireworks, firearms, knives, or any other weapons to any event.
- I understand telephone calls are only for emergency situations arranged by the director.
- If it is illegal, I cannot do it or have it.
- If I pose a real or perceived threat to myself, any other person, or the event site, I may be sent home immediately at the director's discretion, and at the expense of my parent/guardian.

Camper Signature: \_\_\_\_\_

Adult Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Payment**

Registration Fee for Camp Uno Adult \_\_\_\_\_ \$ 150.00  
Prior to May 15<sup>th</sup> - \$50  
Amount due for Adult \_\_\_\_\_ \$ 100.00

Registration Fee for Camp Uno Camper \_\_\_\_\_ \$ 150.00  
Prior to May 15<sup>th</sup> - \$50  
Amount due for Camper \_\_\_\_\_ \$ 100.00

\_\_\_ Enclosed is my personal check for \$ \_\_\_\_\_

or

\_\_\_ Enclosed is a check from my church for \$ \_\_\_\_\_

All checks should be made to The Retreat at Silver Springs and mailed to 6455 E. Silver Springs Blvd., Silver Springs, FL 34488.

**Parent/Guardian Consent, Payment Policy & Signature**

I give my consent for \_\_\_\_\_ to attend the event identified on this form and understand some activities may take place off site. I understand photographs that include my youth could be taken at this event and consent for their use in future promotional materials and that a camp roster (which will include the campers name, address and email) will be distributed to each participant. In addition, I realize that I will be personally responsible for picking him/her up from the event if he/she violates any part of the Camper Covenant. In case of medical emergency, I hereby give permission to the physician selected by the Event Director to hospitalize, secure proper treatment for, and to order injections, anesthesia and/or surgery for my child as named above. I also release the Christian Church (Disciples of Christ) and its agents from liability in injuries beyond the limits of the health and accident insurance provided for in the event fee.

**Registration Policy:** All registrations and fees must be received by The Retreat at Silver Springs, 6455 E. Silver Springs Blvd., Silver Springs, FL 34488, by their due date. Registrations received after that date can only be accepted with the camp director's approval and if space is available.

**Payment Policy:** Registration forms are not processed and campers are not considered "Registered" until complete camp fees have been received by The Retreat at Silver Springs and every section of this form has been completed. Refunds will NOT be issued after the registration deadline. Any exceptions will be at the discretion of the Outdoor Ministry chairperson.

\_\_\_ I have read and understood the above information.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CAMPER HEALTH FORM – complete for the child - Name:** \_\_\_\_\_

**DOES CAMPER HAVE HEALTH INSURANCE:**     YES     NO

If "yes", please attach a copy of the insurance card (front and back). Conference Center insurance supplements only those accidents and illnesses that occur during camp.

**Health Information for child**

Physician's name: \_\_\_\_\_ Physician's Phone: \_\_\_\_\_

Is applicant in good health and able to participate in all usual camp activities?     Yes     No

If not, please explain: \_\_\_\_\_

Does camper have **allergies** (check all that apply):

Seasonal allergies     mildew/mold     penicillin     sulfa type drugs  
 Aspirin     bee stings     food allergies     others

Please list specific food allergies or other allergies not listed: \_\_\_\_\_

**HEALTH HISTORY** - Check all that apply:

Asthma     ADD/ADHD\*     AIDS/HIV     Epilepsy  
 Ear Infection     Sinus infections     Sore throat     Stomach upsets  
 Measles     Constipation     Fainting     Sleep walking  
 Bed-wetting     Operations     Diabetes     Chicken pox  
 Serious injuries     Chronic Condition of Heart/Lungs/other  
 History of communicable illness (like polio or tuberculosis)

**Date of last tetanus booster:** \_\_\_\_\_ **Date of last physical exam:** \_\_\_\_\_

Please list other conditions, details of health history items marked above and any special concerns or illness that this camper has. This will assist the camp staff to help your camper have the most positive camp experience possible:

**I give permission for my child to receive over the counter non-prescription medications (i.e. Tylenol):**

Yes     No

**Special Dietary Needs:** \_\_\_\_\_

\* If your child takes medication during the school year, we highly recommend he or she also take that medication during camp.

**What do we need to know about your camper that would help us make this the best experience possible?**

Health Information for Adult attending Camp Uno – Name: \_\_\_\_\_

DO YOU HAVE HEALTH INSURANCE:    \_\_\_\_ YES        \_\_\_\_ NO

If “yes”, please attach a copy of the insurance card (front and back). The Retreat at Silver Springs insurance supplements only those accidents and illnesses that occur during camp.

Physician’s name: \_\_\_\_\_ Physician’s Phone: \_\_\_\_\_

Are you in good health and able to participate in all usual camp activities?    \_\_\_\_Yes    \_\_\_\_No

Is there anything in your medical history that our nurse needs to be made aware?

List allergies and any special medical conditions:

Special dietary needs \_\_\_\_\_

**All medications must be turned in to the camp staff to provide safety for the people in your cabin.**

All medications must be sent to camp in their original containers with labels to be turned over to camp staff at registration. A staff person will monitor and distribute medications as needed. This includes over-the-counter drugs as well. Please provide a list with the name of the medication, the dosage amount, the time medication needs to be taken, and any other specifications.

Medicine for \_\_\_\_ Adult    \_\_\_\_ Camper \_\_\_\_\_

Dosage \_\_\_\_\_ Frequency \_\_\_\_\_

Medicine for \_\_\_\_ Adult    \_\_\_\_ Camper \_\_\_\_\_

Dosage \_\_\_\_\_ Frequency \_\_\_\_\_

Medicine for \_\_\_\_ Adult    \_\_\_\_ Camper \_\_\_\_\_

Dosage \_\_\_\_\_ Frequency \_\_\_\_\_

Medicine for \_\_\_\_ Adult    \_\_\_\_ Camper \_\_\_\_\_

Dosage \_\_\_\_\_ Frequency \_\_\_\_\_

Medicine for \_\_\_\_ Adult    \_\_\_\_ Camper \_\_\_\_\_

Dosage \_\_\_\_\_ Frequency \_\_\_\_\_

Use back of this page, if necessary.