

CAMPER REGISTRATION FORM, SUMMER CAMP, 2017



FOR GRADES 3-12
 (separate forms for Uno , Young Adult & Family Camps)
Christian Church (Disciples of Christ) in Florida



RETURN COMPLETED FORMS AND PAYMENT TO

The Retreat at Silver Springs, 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:** S M L XL **Adult:** S M L XL XXL XXXL

➔ GREAT NEWS: DISCOUNTS OF \$50 ARE AVAILABLE TO EACH CAMPER IN GRADES K-12 who registers prior to May 15, 2017. See next page for details.

Select the camp/s the child/youth will attend. Camper may attend any camp for the grade level completed.

<u>Camp</u>	<u>Grade Completed</u>	<u>Date</u>	<u>Cost*</u>	<u>Deadline</u>
___ Young Adult Canoe Camp**	H.S. Grad – age 25	June 2-7	\$225	May 19
___ CYF Conference	Grades 9-12	June 11-17	\$390	May 26
___ Equestrian Camp I	Grades 3-5	June 11-16	\$550	May 26
___ Midway Camp	Grades 6-8	June 18-23	\$350	June 5
___ High School Canoe Camp	Grades 9-12	June 25-July 1	\$315	June 12
___ Junior Camp	Grades 3-5	June 25 -30	\$350	June 12
___ Young Adult Camp**	H.S. Grad – age 25	July 14-16	\$150	June 29
___ High School Spiritual Arts	Grades 8-12	July 16-22	\$415	July 3
___ Middle School Canoe	Grades 6-8	July 23-28	\$315	July 10
___ Middle School Equestrian	Grades 6-8	July 23-28	\$550	July 10
___ Camp Uno (w/Adult)**	Grade K-2	July 28-30	\$150	July 13
___ Family Camp**		October 6-8	\$135	Sept. 21

*On or after **May 15**

** Separate forms are available to register for Camp Uno, Young Adult Camps, and Family Camp



GREAT NEWS! A SPECIAL GIFT HAS BEEN RECEIVED TO HELP WITH CAMP COSTS. Every camper (except Family Camp) who registers prior to May 15th will receive a \$50 discount.

Payment

Camp Registration Fee \$ _____
 Special discount prior to May 15th - \$50
 Amount due: \$ _____

___ Enclosed is my personal check for \$ _____
 ___ Enclosed is a check from my church for \$ _____

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

Emergency Contact Information

Parent/Guardian Contact Person: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Relation to camper: _____ Email: _____
 Phones: (home) _____ (cell) _____ (work) _____

Alternate Emergency Contact Person(s):

	Full Name	Relation to camper	Home/Work/Cell Phone
1.	_____	_____	_____
2.	_____	_____	_____

Check-out & Transportation

Camper will only be allowed to leave The Retreat at Silver Springs with parent, legal guardian or the person(s) authorized below. If transportation is by church vehicle, please indicate the name and contact information for the driver.

Parent/Guardian or Authorized person(s) name:	Relation to camper:	Contact Number:
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

I. Camper Covenant & Signature

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 females' 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, tablets, televisions, 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: _____

Date: _____

II. Pastor/Youth Leader/Church Official - Comments & Signature

Please acknowledge with your signature that you are aware this youth will be attending a Christian Church in Florida (Disciples of Christ) camp this year. We welcome any comments or observations which will help camp staff provide this camper with a rewarding experience.

Pastor/Youth Leader/Church Official

Signature: _____ **Date** _____

CAMPER'S NAME _____

III. Parent/Guardian Consent, Payment Policy & Signature

I give my consent for _____ to attend the event identified on this form and 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 a 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 Christian Church Conference Center, 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.

Check Out & Transportation Policy: Child/youth will only be allowed to leave the Conference Center with parent/guardian or the person(s) authorized by parent/guardian provided on this form on the last day of camp. A form of identification will be asked at check out and a signature confirming pick up will be required. Camper check-out is at **10 a.m.** on the last day of camp.

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: _____

Witnessed by: _____ Date: _____

CAMPER'S 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

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):

- | | | | |
|---|--------------------------------------|---|---|
| <input type="checkbox"/> Seasonal allergies | <input type="checkbox"/> mildew/mold | <input type="checkbox"/> penicillin | <input type="checkbox"/> sulfa type drugs |
| <input type="checkbox"/> Aspirin | <input type="checkbox"/> bee stings | <input type="checkbox"/> food allergies | <input type="checkbox"/> others |

Please list specific food allergies or other allergies not listed: _____

HEALTH HISTORY - Check all that apply:

- | | | | |
|---|---|--------------------------------------|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> ADD/ADHD* | <input type="checkbox"/> AIDS/HIV | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Ear Infection | <input type="checkbox"/> Sinus infections | <input type="checkbox"/> Sore throat | <input type="checkbox"/> Stomach upsets |
| <input type="checkbox"/> Measles | <input type="checkbox"/> Constipation | <input type="checkbox"/> Fainting | <input type="checkbox"/> Sleep walking |
| <input type="checkbox"/> Bed-wetting | <input type="checkbox"/> Operations | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Chicken pox |
| <input type="checkbox"/> Serious injuries | <input type="checkbox"/> Chronic Condition of Heart/Lungs/other | | |
| <input type="checkbox"/> 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

*If your child takes medication to treat ADD/ADHD during the school year, we strongly recommend they take it while at camp.

Special Dietary Needs: _____

CAMPER'S NAME:

MEDICATIONS: 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. Include 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_____

Dosage_____ Frequency_____

Medicine_____

Dosage_____ Frequency_____

Medicine_____

Dosage_____ Frequency_____

Medicine_____

Dosage_____ Frequency_____

Please provide any **other information** including physical/intellectual/emotional problems, learning disabilities, or recent changes in family status or living arrangements, which may affect the camper's experience: