



2017 FAMILY CAMP – Camper and Adult Registration

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

(Aka: The Christian Church Conference Center)

Family Camp will begin with registration at 3:00 on Friday, October 6, and will end at 3:00 on Sunday, October 8. Registration deadline is September 21 and the camp fee is \$135.00 per person who attends.

➔ Great news: Thanks to a special financial gift this year... Every family member who is registered prior to September 1 will receive a discount of \$35, reducing the cost to \$100 each.

Information – Please include all members of the family who will be attending Family Camp

Full Name: _____ Role in Family: _____

Name preferred for nametag: _____ Age: _____ Gender: ___M ___F

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Home Church: (include city) _____

Email: _____

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

Full Name: _____ Role in Family: _____

Name preferred for nametag: _____ Age: _____ Gender: ___M ___F

Cell Phone: _____ Email: _____

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

Full Name: _____ Role in Family: _____

Name preferred for nametag: _____ Age: _____ Gender: ___M ___F

Cell Phone: _____ Email: _____

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

Full Name: _____ Role in Family: _____
Name preferred for nametag: _____ Age: _____ Gender: ___M ___F
Cell Phone: _____ Email: _____
T-shirt size: (circle one) **Youth:** M L XL **Adult:** S M L XL XXL XXXL

Full Name: _____ Role in Family: _____
Name preferred for nametag: _____ Age: _____ Gender: ___M ___F
Cell Phone: _____ Email: _____
T-shirt size: (circle one) **Youth:** M L XL **Adult:** S M L XL XXL XXXL

Full Name: _____ Role in Family: _____
Name preferred for nametag: _____ Age: _____ Gender: ___M ___F
Cell Phone: _____ Email: _____
T-shirt size: (circle one) **Youth:** M L XL **Adult:** S M L XL XXL XXXL

Please use a second form for additional family members if needed

Please list an emergency contact person who will not be at Family Camp:

Emergency Contact Person: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Relation to Family: _____ Email: _____
Phones: (home) _____ (cell) _____ (work) _____

Signatures – all sections must be complete for registration process.

Covenant & Signatures –

Each member of the family attending Family Camp is expected to 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 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.

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Date: _____

Payment Information

Amount due for Each Family Member \$135

- \$35 each (if prior to September 1st)

x _____ number of family members attending

= Total Amount due: _____

___ 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 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 NAME _____

Health Information – Please complete separate form for each family member

DOES FAMILY 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.

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: _____

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

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.