



2017 Young Adult CAMPS – Camper 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 your comfort and protection, 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) _____

Home Church: (include city) _____

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

Please circle the Young Adult Camp you will be attending:

Young Adult Canoe Camp	H.S. Grad – Age 25	June 2-7	\$225
Young Adult Camp	H.S. Grad – Age 25	July 14-16	\$150

➔ Young Adult Canoe Camp will begin with registration at 5:00 p.m. on Friday, June 2 and closes at 10:00 a.m. on Wednesday, June 7. Registration deadline is May 19 and the camp fee is \$225.00
 Young Adult Camp will begin with registration at 5:00 p.m. on Friday, July 14 and closes at 3:00 p.m. on Sunday, July 16. Registration deadline is June 29 and the camp fee is \$150.00

Great news: Thanks to a special financial gift this year... Every camper registered prior to May 15, receives a \$50 discount on their registration.

Emergency Contact Information

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

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: _____

Date: _____

Payment – Mark the camp you will attend

Registration Fee for Young Adult Canoe Camp _____ \$ 225.00
Prior to May 15th? _____ - \$50
Amount due for Camper _____ \$ 175.00

Registration Fee for Young Adult Camp _____ \$ 150.00
Prior to May 15th? _____ - \$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.

Camper Consent, Payment Policy & Signature

I understand and give my consent that I will be attending the event identified on this form and understand some activities may take place off site. I understand photographs that include my image 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 transportation to and from the event and will be expected to leave if I violate 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 myself. 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.

Young Adult Camper Signature: _____ Date: _____

CAMPER HEALTH FORM – 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):

___ 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:

Special Dietary Needs: _____

Is there anything we need to know about you 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 _____

Dosage _____ Frequency _____

Medicine for _____

Dosage _____ Frequency _____

Medicine for _____

Dosage _____ Frequency _____

Medicine for _____

Dosage _____ Frequency _____

Medicine for _____

Dosage _____ Frequency _____

Use back of this page, if necessary.