



# 2024 SUMMER CAMPER REGISTRATION FORM

**FOR GRADES 3-12**  
(Separate forms for Graduates', Uno, and 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: \_\_\_\_\_ Pronouns \_\_\_\_\_ Birthdate: (MM/DD/YYYY) \_\_\_\_\_

Grade completed in school by June 2024: \_\_\_\_\_

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 before May 15, 2024. See the next page for details.**

<u>Camp</u>	<u>Grade Completed</u>	<u>Date</u>	<u>Cost*</u>	<u>Deadline</u>
___ Junior Camp	Grades 3-5	June 11 - 15	\$335	June 1
___ High School Camp	Grades 9-12	June 16 - 22	\$400	June 1
___ Chi Rho Camp	Grades 6-8	June 25- 30	\$375	June 6
___ High School Canoe Camp	Grades 9-12	July 7 - 13	\$335	July 1
___ Middle School Outdoor Adventure Camp	Grades 6-8	July 15 – 20	\$375	July 1

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

\*On or after **May 15th**

**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 to The Retreat at Silver Springs and mailed to  
6455 E. Silver Springs Blvd., Silver Springs, FL 34488.

Online payments can be made at The Retreat at Silver Springs website:  
<http://theretreatatsilversprings.com/index.html>

**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
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1. \_\_\_\_\_

2. \_\_\_\_\_

**Check-out & Transportation**

Campers will only be allowed to leave The Retreat at Silver Springs with their parents, legal guardians, 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 camp activities from beginning to end.
- I will cooperate with all camp leaders and obey the rules set for my particular camp.
- I will respect each and every person attending my particular camp, 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 camp director) will **NOT** be tolerated.
- I understand that I am not to enter any cabins other than my own; I will 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 camp. Such items will be confiscated and returned at the camp’s conclusion.
- I will **NOT** use tobacco products, alcohol, or any non-prescribed drugs during any camp.
- I will **NOT** bring candy, food, or snacks to any camp unless arranged with the director.
- I will **NOT** bring fireworks, firearms, knives, or any other weapons to any camp.
- 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 campsite, I may be sent home immediately at the director’s discretion and at the expense of my parents/guardian.
- I understand that staff will have zero tolerance for offenses against this covenant.

**Camper Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**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 that will help camp staff provide this camper with a rewarding experience.

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**Pastor/Youth Leader/Church Official**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

CAMPER'S NAME \_\_\_\_\_

## II. 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 my consent for their use in future promotional materials and that a camp roster (which will include the camper's 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 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 requested at checkout, and a signature confirming pickup 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: \_\_\_\_\_

CAMPER'S NAME \_\_\_\_\_

Insurance Information

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

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

Does the 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: \_\_\_\_\_

Dates of Covid-19 Vaccine: \_\_\_\_\_ Brand of Vaccine: \_\_\_\_\_

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: \_\_\_\_\_

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**CAMPER'S NAME:**

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**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: