



2024 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

Family Camp will begin at 10:00 a.m. on Saturday, August 31, and will end at 2:00 p.m. on Monday, September 2nd. The registration deadline is August 15th, and the camp fee is \$200.00 per family that attends.

*Early arrival on Friday is an option for an additional cost of \$40 per family.



Great news: Thanks to a special financial gift this year... Every family member who has registered prior to August 1st will receive a discount of \$25, reducing the cost to \$175 .

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: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Home Church: (include city) _____

Email: _____

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

Full Name: _____ Role in Family: _____

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

Cell Phone: _____ Email: _____

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

Full Name: _____ Role in Family: _____

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

Cell Phone: _____ Email: _____

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

Full Name: _____ Role in Family: _____

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

Cell Phone: _____ Email: _____

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

Full Name: _____ Role in Family: _____

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

Cell Phone: _____ Email: _____

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

Full Name: _____ Role in Family: _____

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

Cell Phone: _____ Email: _____

T-shirt size: (circle one) **Youth:** S 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: _____

Relation to Family: _____ Email: _____

Phones: (home) _____ (cell) _____ (work) _____

Covenant & Signatures –

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

The following are the 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, televisions, tablets, 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 family.
- I understand that staff will have zero tolerance for offenses against this covenant.

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Date: _____

Payment Information

Amount due for Each Family Unit: \$200

- \$25 each (if prior to August 1st)

x _____ number of family members attending

Early arrival option: \$40 for the entire family to arrive anytime on Friday afternoon. No meals are included.

= 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.

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

Parent/Guardian Consent, Payment Policy & Signature

I give my consent for _____ to attend the event identified on this form and that 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 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 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). The Retreat at Silver Springs insurance supplements only those accidents and illnesses that occur during camp.

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 ___ Sleepwalking
___ 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 illnesses 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 the 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.