



2022 SUMMER CAMPER REGISTRATION FORM*

FOR GRADES 3-12
(Seperate 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

CDC Guidelines will be followed, including
thorough health screenings, having most activities outdoors,
everyone wearing masks, frequent hand-sanitizing and physical distancing.

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 2022: _____
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 June 1st, 2022. See next page for details.

Table with 5 columns: Camp, Grade Completed, Date, Cost*, Deadline. Rows include High School Camp, Chi Rho Camp, Junior Camp, High School Canoe Camp.

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

*On or after June 1st

Payment

Camp Registration Fee \$ _____
Special discount prior to June 1st - \$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
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 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 wear my face mask as directed.
- 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 camp site I may be sent home immediately at the director’s discretion, and at the expense of my parent/guardian.
- I understand staff will have zero tolerance for offenses against this covenant due to Covid-19 guidelines.

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.

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 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: _____

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 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:** _____

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: _____

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: