



2018

CAMP SUWANNEE'S Summer Camp REGISTRATION FORM

Send your \$25.00 non-refundable deposit made payable to: Fla. Conf. of AC Churches (FLCACC)
Mail to: Camp Suwannee
P.O. Box 4313,
Dowling Park, Fl. 32064

Camper's Information:

Camper Name
M/F Age Grade going into next Fall
Date of Birth MM/DD/YYYY
Mailing Address
City State Zip
Phone Change of Address (yes)
Parent's Name
Parent's Cell Phone
Parent's E-Mail

Select a Camp (check one)

Table with 2 columns: Week #1, Week #2 and 2 rows: Ages 13-18 (July 8-14), Ages 7-12 (July 15-21)

Print camper's name(s) in note section of check.

Name of the Church you attend

Check here if first time to camp:

Health Information

In case of emergency notify Relationship to camper Personal Physician Insurance Company Insurance Company Address
Home Phone Work Phone Phone Policy #
List all medications required on a regular basis
Allergies/Physical Restrictions

If this camper has any medical or physical limitations that could restrict them from participating in any camp activities, an affidavit, signed by the camper's physician, must accompany this application in order for the camper to participate in any camp activities that could affect the campers physical condition.

For Medical Treatment: I understand that the Camp Director for the week is serving as the guardian of my child while attending camp and has my permission and support to act on my behalf. I agree to hold the Florida Conference, Advent Christian Village, Camp Suwannee or any employee or volunteers of said organizations, harmless for any accidental injury to my child while participating in any and all camp programs. I authorize the Camp Director for the week and/or Camp Suwannee weekly staff to consent to any and all x-rays, examinations, anesthetic, medical or surgical treatment and hospital care (including, but not limited to, intravenous solutions and/or blood transfusions), to be rendered to my child under general and specific supervision and of the advice of any physician or surgeon licensed to practice in the United States of America. I also agree to be financially responsible for any and all medical and/or surgical procedures rendered to my child. I understand that my child must undergo a health check by the Camp Nurse before registration, and if anything of concern is found, options will be discussed before being allowed to proceed to registration. I also understand that photographs of my child may be taken during camp and I give my permission for my child's photograph to be used in Camp Suwannee promotional material.

ALL APPLICATIONS MUST BE SIGNED BY THE Parent/Guardian

Print Name:
Signature: Date



2018

CAMP SUWANNEE Summer Camp

Where Christ is exalted through camping

CAMPER RELEASE

Your child's safe return from camp is of great concern to us. Only the person(s) you name on this form will be allowed to pick up your child. Please fill out the form below with the information requested, and be sure that it is signed by a parent or legal guardian. A separate form is needed for each child. **The individual picking up your child(ren) may be asked to produce a photo ID in order to leave with them.**

Child's name _____

Date your child will be picked up _____

My child may be picked up at camp by:

____ a parent or legal guardian _____
name

_____ name

____ church vehicle driver

____ camp bus driver

____ other individual(s) _____
name

_____ name

Parent name _____ Phone () _____
please print

Parent signature _____
please sign

NOTE: If the person(s) whom you list become(s) unable to pick up your child, you must call the Facility Director @ 386-647-6624 before the end of the week. We will not release your child to any person not listed on this form.

.....
Office use only

Change of instructions:

Caller _____ Date _____ Received by _____

.....
 Camper released to:

_____ Printed Name date

_____ Signature date

Last Name: _____, **First Name:** _____

****Release of Information Signature****

By signing below, you are giving us permission to share information with your home church pastor or ministry leader listed below in either written form or over the phone about any spiritual decisions your child makes at camp. Please fill in the information below completely.

___ No, please do not share this information with anyone.

Signature of Parent/Guardian _____

Church Information: If you are a not a member of a church, but would like the information released, we will find a church in your area for you.

Home Church: _____
Church Address: _____
Name of Pastor or Youth Pastor: _____

DIET/NUTRITION: ___ This camper eats a regular diet. ___ This camper eats a regular vegetarian diet. This camper has special food needs. (Please describe) _____

RESTRICTIONS:
___ I feel the camper can participate in any and all camp activities without restrictions.
___ I feel the camper can participate with the following restrictions or adaptations. (Please describe on a separate sheet)

MEDICAL INSURANCE INFORMATION: *Please attach a copy of your insurance card to the back of this form. Copy both sides of the card so information is readable.*

Is this camper covered by family medical/hospital insurance? ___ Yes ___ No
Insurance Company Phone Number (___) _____

ALLERGIES:
___ No known allergies.
___ This camper is allergic to: ___ Food ___ Medicine ___ The environment (insect stings, hay fever, etc.)
___ Other

Please describe below what the camper is allergic to and the reaction seen. If your child has a food allergy or special diet, please indicate that also and list it here:

Some non-prescription medications may be stocked in the camp's Nurses Station and may be given to campers on as needed basis to manage illness and injury. *List any medications the camper should not be given (ie. Tylenol, Advil, Motrin, Sudafed, Robitussin, cough drops, Aloe Antibiotic cream, Kaopectate, Pepto-Bismol, Calamine lotion, etc.)* _____

GENERAL HEALTH HISTORY: Circle "Yes" or "No" for each statement. Explain "Yes" answers below.

Has/does the camper:

- | | |
|---|---|
| 1. Ever been hospitalized?..... Yes No | 11. Had fainting or dizziness?..... Yes No |
| 2. Ever had surgery?..... Yes No | 12. Passed out/had chest pain during exercise? Yes No |
| 3. Have recurrent/chronic illnesses?...Yes No | 13. Had "mono" in the past 12 months? Yes No |
| 4. Had a recent infectious disease?...Yes No | 14. If female, problems with periods/menstruation? Yes No |
| 5. Had a recent injury? Yes No | 15. Problems with falling asleep/sleepwalking? Yes No |
| 6. Had asthma/wheezing/shortness of breath? Yes No | 16. Ever had back/joint problems..... Yes No |
| 7. Have diabetes?Yes No | 17. Have a history of bedwetting..... Yes No |
| 8. Had seizures?Yes No | 18. Have problems with diarrhea/constipation? Yes No |
| 9. Had headaches?Yes No | 19. Have any skin problems..... Yes No |
| 10. Wear glasses, contacts, or protective eyewear? Yes No | 20. Traveled outside the country in the past 9 months..... Yes No |

Please explain "Yes" answers in the space below, noting the number of the questions: _____

For travel outside the country, please name country(s) visited and dates of travel:

MEDICATION

_____ This camper will **NOT** take any daily medications while attending camp.

_____ This camper will take the following daily medication(s) while at camp:

"Medication" is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies.

Florida law requires original pharmacy containers with labels which show the camper's name and how the medication should be given. Provide enough of each medication to last the entire time the camper will be at camp.

Name of medication, Date started, Reason for taking it, Circle when it is given, Amount or dose given, How it is given

MENTAL, SOCIAL, EMOTIONAL HEALTH: Circle or Check "Yes" or "No" for each statement.

Has/Does the camper:

1. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)?Yes No
2. Take medication for ADD or AD/HD during the school year that the camper does not/may not take during the summer?..... Yes No
3. Ever been treated for emotional or behavioral difficulties or an eating disorder?..... Yes No
4. During the past 12 months, seen a professional to address mental/emotional health concerns?... Yes No
5. Had a significant life event that continues to affect the camper's life?..... Yes No (History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, etc.)

Please explain "Yes" answers on the lines below, noting the number of the questions. The camp may contact you for additional information. _____

IMMUNIZATION HISTORY:

Date of last tetanus shot _____ / _____ / _____
(DD / MM / YYYY)

Date of last Physical _____ / _____ / _____
(DD / MM / YYYY)

Parent(s)/Guardians: Keep this page at home for reference before camp

Camp Suwannee 2018

Week #1

(Ages 13-18)

July 8-14

Cost

Week #2

(Ages 7-12)

July 15-21

Applications postmarked:

\$285.00 per camper

by June 1st

\$310.00 per camper

after June 1st

\$335.00 per camper

Walk-in Price

See below for family discounts

This is an overnight camp.

Call **386-647-6624** with any questions

We cannot guarantee a spot if you do not pre-register!!!!

Walk-ins will pay \$25 extra!!

Registration begins at 2:00 p.m. on the Sunday camp begins and **Pickup** is at 10 a.m. on the following Saturday. *The camp facilities, lodging and food service will not be available prior to or after those times.*

Campers will only be placed in cabins with other campers and staff of the same gender!

Family Discounts:

Families sending **2** campers... **discount of \$15 per camper**

Families sending **3** campers... **discount of \$20 per camper**

Families sending **more than 3** campers...cost for **fourth child on is \$220 per camper**

Note: Family discounts are available up until Registration.

Snack Shack: Snacks and drinks are for sale twice a day, \$25 should be enough for the week. If making out a check, please make it out to **Camp Suwannee, not FLCACC**. Camp T-shirts will also be available.

Lice Policy: *As you prepare your child for summer camp, please take a few minutes to check your child for head lice. This is easily accomplished by lifting up the hair along the temple, behind the ears and along the back of the neck. If you find lice, please treat your child and their belongings with products that are available for this purpose.*

We will be checking each camper before registration for lice. If evidence of lice is found, the camper will not be allowed to stay for camp. They will need to be treated and may return if successfully treated. If not, your money will be refunded, all but the deposit, and the child will be sent home with you.

As with all our medical policies and health procedures, this policy has been put in place to make summer camp a safe and enjoyable experience for all our campers. Thank you in advance for complying with our request. For further information on head lice and proper treatment, go to www.headlice.org.

What to Bring

- ✓ Bible, pencil and paper
- ✓ Bedding or sleeping bag & pillow
- ✓ Casual clothing and shoes
- ✓ Grubby clothes and shoes
- ✓ Toiletries and towels
- ✓ Swimsuit and towel (conservative, one piece)
- ✓ Flip flops/sandals/water shoes
- ✓ Dirty clothes bag
- ✓ Light jacket or sweatshirt
- ✓ Money for snacks and T-shirt, if desired
- ✓ Sun block and bug repellent
- ✓ Flashlight
- ✓ Reusable Water bottle

What Not to Bring

- CDs or players
- **NO ELECTRONIC DEVICES**
- Laptops
- Cell Phones
- Playing cards
- Fireworks
- Drugs, Alcohol or Tobacco
- Lighters
- Knives
- Weapons of any kind

Camp Suwannee



2018

We hope and pray we will see you there!

Camp Suwannee

@ Advent Christian Village

Physical Address:

10063 Dowling Park Drive

Live Oak, Fl. 32064

http://www.acvconference.net/facilities/camp_suwannee.aspx

Mailing address:

PO Box 4313

Dowling Park, FL. 32064

386-647-6624