

CALVARY'S FAMILY SUMMER CAMP – JULY 2th-6th, 2012

Calvary Community Church 4811 George Road, Tampa, Florida 33634

PH. 813-884-4328 FAX 813-882-0589 COST \$160.00

REGISTRATION AND HEALTH FORM (\$25.00 must accompany registration form)

ALL adults, counselors, speakers, children, and babies must also fill out this form. Fill out only the applicable information.
(No registration fee is charged for children under 4 years of age.)

NAME (LAST) _____ (FIRST) _____ SEX _____ AGE _____ BIRTHDATE _____

ADDRESS _____ CITY _____ ZIP _____

PARENTS OR GUARDIANS _____

HOME PHONE # _____ WORK PHONE # _____

- ROOMING PREFERENCE (SORRY, NO GUARANTEES): _____

HEALTH HISTORY (PLEASE ANSWER YES OR NO TO THE FOLLOWING)

ALLERGIES _____ ASTHMA _____ HEART PROBLEMS _____ EPILEPSY _____ DIABETES _____

PLEASE EXPLAIN ANY OTHER CONDITIONS THAT WE NEED TO BE AWARE OF:

LIST ALL MEDICATIONS THAT WILL BE TAKEN TO CAMP (PRESCRIPTION AND NON-PRESCRIPTION):

FAMILY DOCTOR _____ DR.'S PHONE # _____

- ALL MEDICINE** MUST BE IN IT'S ORIGINAL CONTAINER – CLEARLY MARKED WITH THE CHILD'S NAME AND DOSAGE TO BE GIVEN – AND TURNED IN TO THE CAMP NURSE AT ORIENTATION (THIS INCLUDES OVER THE COUNTER NON – PERSCRIPTION MEDICATION.) GIVE PERMISSION FOR THE CAMP NURSE TO GIVE MY CHILD OVER THE COUNTER MEDICINE (S) FOR MINOR AILMENTS (I.E.: HEADACHE, STOMACH ACHE, INSECT BITES, SORE THROAT, ETC.). I ALSO GIVE PERMISSION FOR MY CHILD TO BE TRANSPORTED TO, AND TREATED AT, THE NEAREST MEDICAL FACILITY IN THE EVENT OF AN EMERGENCY. **NOTICE: CAMPERS WHO DO NOT WISH TO FOLLOW THE LISTED CAMP RULES (COPIES AVAILABLE UPON REQUEST) WILL BE SENT HOME AT THE PARENTS' EXPENSE.** I HAVE BEEN NOTIFIED OF & AGREE TO, CALVARY COMMUNITY CHURCH'S POLICY REGARDING CAMPER EXPULSION.* Sign signature below.

IS CHILD COVERED BY ANY TYPE OF MEDICAL INSURANCE? _____ IF YES, POLICY # _____

NAME OF INSURANCE AGENCY _____ PHONE # _____

Our camp fee does not include the cost of medical treatment. The health coverage provided by the camp is secondary coverage. Your insurance must be billed first, and you must be ready to pay for any medical expenses in full when you pick up your child. Your insurance, and then our insurance, will make payment to you. We will not seek medical services without prior consultation except in the case of an emergency.

In case of Emergency: I give permission for the Camp Nurse (selected by the camp director) to give my child over the counter medicine(s) for minor ailments (headaches, stomachache, insect bites, sore throat, etc.). I also give permission for my child (as named above) to be transported to, and treated at, the nearest medical facility in the event of an emergency.

Consent and release form

I, the undersigned parent or guardian, hereby consents to my child participating in Calvary's Family Summer Conference at Camp Geneva in Fruitland Park, Florida on July 2-6, 2012. This includes the transportation of my child to and from camp. I certify that my child is able to participate in all activities except

_____.

*(Signature of parent or guardian)

(Date)

PLEASE SIGN ON THE BACK OF THIS FORM ALSO

If my child has medical conditions, which may be relevant to a physician in the event of an emergency, I have listed them on the health form. In the event an emergency occurs, I may be reached at the telephone number listed below. If I cannot be reached, I hereby authorize (an adult sponsor) to make emergency medical decisions for my child. I understand and hereby agree to assume all of the risks, which may be encountered on said activity, including activities preliminary and subsequent thereto. I do hereby agree to hold **Calvary Community Church 4811 George Rd. Tampa, Fl. 33634**, and its agents harmless from any and all liability, actions, causes of actions, claims, expenses, and damages on account of injury to my child or property, even injury resulting in death, which I now have or which may arise in the future in connection with the activity or participation in any other associated activities.

I expressly agree that this release waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the law of the State of Florida and that if any portion thereof is held invalid, it is agreed that the balance shall notwithstanding continue in full legal force and effect. This release contains the entire agreement between the parties hereto and the terms of this release are contractual and not a mere recital.

I further state that I have carefully read the foregoing release and know the contents thereof and I sign this release as my own free act. This is a legally binding agreement, which I have read and understand.

Parent or guardian

Date

Phone

WHAT TO BRING

(PLEASE LABEL ALL ITEMS WITH YOUR CHILD'S NAME)

BIBLE, PENCILS OR PENS, NOTEBOOK, TOILETRIES, TOWELS FOR BATHING AND SWIMMING, FLASHLIGHT, SLEEPING BAG OR BEDROLL (PILLOW, SINGLE BEDSHEET, BLANKET), BATHING SUIT (NO TWO-PIECE, HALTER-TOP, OR BIKINI-STYLE SUITS!). INEXPENSIVE CAMERA AND FILM, AT LEAST ONE SET OF "GETTING DOWN AND DIRTY" CLOTHING, MONEY FOR MEALS DURING RIDE TO AND FROM CAMP – AS WELL AS FOR THE "SNACK SHACK," AND MOST IMPORTANT BRING YOUR FRIENDS!!! PLEASE DO NOT BRING EXPENSIVE JEWELRY – CAMP STAFF CANNOT BE RESPONSIBLE FOR LOSS OR DAMAGES

Adults must also bring bedding

WHAT NOT TO BRING

CD PLAYERS, DISCMANS, WALKMANS OF ANY KIND, ELECTRONIC GAMES OF ANY KIND, SHAVING CREAM, INAPPROPRIATE MAGAZINES OR BOOKS OF ANY KIND. CAMP STAFF MEMBERS ARE NOT RESPONSIBLE FOR ANY ITEMS STOLEN, LOST, OR CONFISCATED.

CAMPERS LEAVING FROM CALVARY SHOULD BE AT THE CHURCH WITH THEIR LUGGAGE AT 10am. THERE WILL BE AN ORIENTATION MEETING FOR ALL AT 11:00 am. BUSES WILL LEAVE AT 12:00 NOON SHARP. PARENTS ARE STRONGLY ENCOURAGED TO ATTEND THIS MEETING. CAMP GUIDELINES AND RULES WILL BE EXPLAINED AT THIS MEETING.

Adults may certainly have cell phones, but to be silenced during all meetings. **Young people** may not use cell phones at camp. They must turn them into our camp office and used in an emergency.