



2024 CAMP UNO – 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



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: _____ 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

Adult information – for the adult coming with the camper.

Full Name: _____ Relationship to camper: _____

Name preferred for nametag: _____ Gender: _____

Address (if different from above): _____

City: _____ Zip: _____ Cell Phone: _____

Email: _____

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

Camp Uno will begin with registration at 3:00 p.m. on Friday, June 7, and close at 1:00 p.m. on Sunday, June 9. The registration deadline is June 1st.

➔ The camp fee is \$150.00 *each* for both the camper and the adult. Great news: Thanks to a special financial gift this year... If both the camper and the adult are registered before May 15, the fees will be discounted to \$100 for the child and \$100.00 for the adult.

Parent/Guardian & Emergency Contact Information

If the parent/guardian is attending Camp Uno, please list another emergency contact person:

Parent/Guardian or Emergency Contact Person: _____

Relation to camper: _____ Email: _____

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

Signatures – all sections must be complete for registration process.

Camper Covenant & Signature – Both the camper and attending adult should 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 parent/guardian.
- I understand that staff will have zero tolerance for offenses against this covenant.

Camper Signature: _____

Adult Signature: _____ Date: _____

Payment

Registration Fee for Camp Uno Adult _____ \$ 150.00
Prior to May 15 - \$50
Amount due for Adult _____ \$ 100.00

Registration Fee for Camp Uno Camper _____ \$ 150.00
Prior to May 15 -\$50
Amount due for Camper _____ \$ 100.00

___ 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 understand that 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 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 HEALTH FORM – complete for the child - Name: _____

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 for child

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 ___ Mental Health issues.
___ 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:** _____

Medications

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: _____

* If your child takes medication during the school year, we highly recommend that he or she also take that medication during camp.

What do we need to know about your camper that would help us make this the best experience possible?

Health Information for Adult attending Camp Uno – Name: _____

Date of last tetanus booster: _____ **Date of last physical exam:** _____

Dates of Covid-19 Vaccine: _____ **Brand of Vaccine:** _____

DO YOU 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:** _____

Are you in good health and able to participate in all the usual camp activities? Yes No

Is there anything in your medical history that our nurse needs to be made aware of?

List allergies and any special medical conditions:

Special dietary needs _____

All medications must be turned into the camp staff to provide safety for the people in your cabin.

All medications must be sent to camp in 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 the back of this page if necessary.