



# 2025 SUMMER CAMPER REGISTRATION FORM\*

**FOR GRADES 3-12**  
(Separate forms for Beyond High School, Uno, and Family Camps)  
**Christian Church (Disciples of Christ) in Florida**



## RETURN COMPLETED FORMS AND PAYMENT TO

Florida Disciples Regional Church, 6455 E. Silver Springs Blvd., Silver Springs, FL 34488

Or Email to [office@fldisciples.org](mailto:office@fldisciples.org)

**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 / Cell Phone: \_\_\_\_\_

Camper's email: \_\_\_\_\_

Gender: \_\_\_\_\_ Pronouns \_\_\_\_\_ Birthdate: (MM/DD/YYYY) \_\_\_\_\_

Grade completed in school by June 2025: \_\_\_\_\_

Home Church: (include city) \_\_\_\_\_

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

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

<u>Camp</u>	<u>Grade Completed</u>	<u>Date</u>	<u>Cost*</u>	<u>Registration Deadline</u>
___ High School Camp	Grades 9-12	June 8 - 14	\$500/\$600	June 1
___ Junior Camp	Grades 3-5	June 17 - 21	\$435/\$535	June 10
___ Chi Rho Camp	Grades 6-8	June 23 - 28	\$475/\$575	June 16
___ High School Canoe Camp	Grades 9-12	June 22 - 28	\$350/\$450	June 16
___ Middle School Outdoor Adventure Camp	Grades 6-8	July 7 - 11	\$475/\$575	June 30

**Cost \*Through May 15<sup>th</sup> / AFTER May 15<sup>th</sup>**

**Payment**

Camp Registration Fee \$ \_\_\_\_\_ for \_\_\_\_\_ Camp  
Camp Registration Fee \$ \_\_\_\_\_ for \_\_\_\_\_ Camp

\_\_\_ Enclosed is my personal check for \$ \_\_\_\_\_

\_\_\_ Amount paid online \$ \_\_\_\_\_

\_\_\_ My church will send a check for \$ \_\_\_\_\_

All checks should be made to: Florida Disciples Regional Church and mailed to  
6455 E. Silver Springs Blvd., Silver Springs, FL 34488.

Online payments can be made at: <https://fldisciples.org/summer-camp-payments/>

**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 Florida Disciples Regional Church. 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, 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.

**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 Florida Disciples Regional Church camp this year. We welcome any comments or observations that will help camp staff provide this camper with a rewarding experience.

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**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 Florida Disciples Regional Church 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 Florida Disciples Regional Church, 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 The Retreat at Silver Springs 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 Florida Disciples Regional Church 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** \_\_\_\_\_

**DOES CAMPER HAVE HEALTH INSURANCE:**    \_\_\_ YES       \_\_\_ NO

If "yes", please attach or email a copy of the insurance card (front and back) to office@fldisciples.org. Make sure to include campers name. The campers insurance is primary and the limited Florida Disciples Regional Church is secondary. The Florida Disciples Regional Church 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      \_\_\_ Mental Health Concerns
- \_\_\_ Neurodiversity Diagnosis \_\_\_\_\_
- \_\_\_ Mental Health Concerns \_\_\_\_\_
- \_\_\_ 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\_\_\_\_\_

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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_