



2025 Getaway Summer Camp for Adults

Camper Registration

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
Email to: office@fldisciples.org

Camper Information – print legibly. For your comfort and protection as Camper, please be complete.

Full Name: _____ Date submitted: _____

Name preferred for nametag: _____ Age: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Camper's email: _____

Gender: _____ Pronouns _____ Birthdate: (MM/DD/YYYY) _____

Home Church: (include city) _____

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

Getaway Summer Camp for Adults July 25 - 27
Fee: \$250 through May 15th/ \$350 after May 15th

➔ **Getaway Summer Camp for Adults will begin with registration at 4:00 p.m. on Friday, July 25th and closes at 1:00 p.m. on Sunday, July 27nd. Registration deadline is July 18. Camp fee is \$250.00 through May 15th and \$350 after May 15th**

Getaway Summer Camp for Adults camper: _____

Emergency Contact Information

Emergency Contact Person: _____

Relation to camper: _____ Email: _____

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

Signatures – all sections must be complete for registration process.

Camper Covenant & Signature – Both camper and attending adults should sign

The following are the 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, 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 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: _____

Payment Information

Registration Fee for Getaway Summer Camp for Adults _____ \$ 250.00 through May 15th
_____ \$ 350.00 After May 15th

Amount due for Camper \$ _____

___ Enclosed is my personal check for \$ _____

___ Amount paid online \$ _____

___ My church is sending 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/>

Camper Consent, Payment Policy & Signature

I understand and give my consent that I will be attending the event identified on this form and understand some activities may take place off site. I understand photographs that include my image 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 transportation to and from the event and will be expected to leave if I violate any part of the Camper Covenant. In case of 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 myself. 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 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.

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.

Camper Signature: _____ Date: _____

CAMPER HEALTH FORM – Name: _____

DOES CAMPER HAVE HEALTH INSURANCE: ___ YES ___ NO

If “yes”, please attach a copy of the insurance card (front and back) or email office@fldisciples.org. Include camper name. The camper insurance is primary and the Florida Disciples Regional Church (FDRC) insurance is secondary. The FDRC supplements only those accidents and illnesses that occur during camp.

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

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)

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: _____

Special Dietary Needs: _____

Is there anything we need to know about you that would help us make this the best experience possible?

