



# CAMP SUWANNEE

AT ADVENT CHRISTIAN VILLAGE

## Youth Retreat Registration Form

Send applications with 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**

Applications can also be downloaded at: [http://www.acvconference.net/facilities/camp\\_suwannee.aspx](http://www.acvconference.net/facilities/camp_suwannee.aspx)

### Camper's Information:

Camper Name \_\_\_\_\_

M/F \_\_\_\_ Age \_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (dd/mm/yyyy)

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Phone ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_ Change of Address (Yes) \_\_\_\_

E-Mail \_\_\_\_\_

Parent's Name \_\_\_\_\_

Parent's Cell Phone ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

<b>Youth Retreat</b>
January 25, 2019 (Fri.) 6:30 PM
January 27, 2019 (Sun.) 10:00 AM
<i>Ages 11 – 18</i>
<b>Cost: \$75.00</b>

Name of Church you attend \_\_\_\_\_

### Health Information

In case of emergency notify \_\_\_\_\_

Relationship to camper \_\_\_\_\_

Personal Physician \_\_\_\_\_

Insurance Company \_\_\_\_\_

Insurance Company Address \_\_\_\_\_

Date of last tetanus shot \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (dd / mm / yyyy)

List all medications required on a regular basis \_\_\_\_\_

Allergies/Physical Restrictions \_\_\_\_\_

Home Phone ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

Work Phone ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

Phone ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

Policy # \_\_\_\_\_

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 Fall Retreat Director 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 Retreat Director and/or Camp Suwannee Retreat 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 may undergo a limited health check by Camp staff before registration, and if anything of concern is found, options will be given 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 A PARENT/GUARDIAN

Print name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date \_\_\_\_\_



# CAMP SUWANNEE

AT ADVENT CHRISTIAN VILLAGE

## Youth Retreat Camper Release Form

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.

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 camp director 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

**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)  
Water shoes  
Dirty clothes bag  
Jacket and sweatshirt  
Money for snacks  
**Good attitude and an open heart**

**What Not to Bring...**

Playing cards  
Electronics  
Fireworks  
Tobacco, drugs, lighters, knives

**(Possession of alcohol or drugs of any kind will result in immediate dismissal and possible exclusion from future participation in any Camp Suwannee camps or retreats!)**

# *Youth Retreat @ Camp Suwannee 2019!*

*Where **Christ** is exalted through camping*

## **We pray we will See You There!**

**Camp Suwannee  
PO Box 4313  
Dowling Park, FL 32064**