



# CAMP SUWANNEE'S

## 2019 Summer Camp REGISTRATION FORM

Send 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**

**Please write the name of the Camper(s) in the Note section of the check.**

### Camper's Information:

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

M/F \_\_\_\_\_ Age \_\_\_\_\_ Grade going into next Fall \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ MM/DD/YYYY

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

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

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

Parent/Guardian's Name(s): \_\_\_\_\_

Female Guardian Cell Phone ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_\_

Relationship \_\_\_\_\_

Male Guardian Cell Phone ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_\_

Relationship \_\_\_\_\_

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

Select a Camp (check one)

_____	_____
Jr. Camp	Sr. Camp
<b>Ages 7-12</b> <i>July 7-13</i>	<b>Ages 13-18</b> <i>July 14-20</i>

**Check here if first time to camp: \_\_\_\_**

### Costs:

**Early Registration**  
**(if Post marked by 6/1): \$285**

**Late Registration: \$310**

**Walk-in Fee: \$335**

**If you walk-in, we cannot guarantee a spot so it's best to register early!!**

**Church Information:** If you are a not a member of a church, leave this section blank.

Home Church: \_\_\_\_\_ Church Address: \_\_\_\_\_  
Name of Pastor or Youth Pastor: \_\_\_\_\_

### DIET/NUTRITION (Check one):

- This camper eats a regular diet.
- This camper eats a regular vegetarian diet.
- This camper has special food needs. (Please describe) \_\_\_\_\_

If your child has a food allergy or special diet, please indicate that also and list it here: \_\_\_\_\_

### RESTRICTIONS:

- I feel the camper can participate in any and all camp activities without restrictions.
- I feel the camper can participate with the following restrictions or adaptations. (Please describe on a separate sheet)

# 2019 **CAMP SUWANNEE** Summer Camp

Where **Christ** is exalted through camping

## CAMPER RELEASE

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. **The individual picking up your child(ren) may be asked to produce a photo ID in order to leave with them.**

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 Facility Director @ 386-647-6624 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

Last Name: \_\_\_\_\_, First Name: \_\_\_\_\_

### Health Information

In case of emergency notify _____	Home Phone ( ____ ) ____ - _____
Relationship to camper _____	Work Phone ( ____ ) ____ - _____
Personal Physician _____	Phone ( ____ ) ____ - _____
Insurance Company _____	Policy # _____
Insurance Company Address _____	
List all medications required on a regular basis _____	
Allergies/Physical Restrictions _____	

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 Camp Director for the week 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 Camp Director for the week and/or Camp Suwannee weekly 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 must undergo a health check by the Camp Nurse before registration, and if anything of concern is found, options will be discussed 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 THE Parent/Guardian**

Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date \_\_\_\_\_

**MEDICAL INSURANCE INFORMATION: Please attach a copy of your insurance card to the back of this form. Copy both sides of the card so information is readable.**

Is this camper covered by family medical/hospital insurance? \_\_\_\_ Yes \_\_\_\_ No  
Insurance Company Phone Number (\_\_\_\_) \_\_\_\_\_

Some non-prescription medications may be stocked in the camp's Nurses Station and may be given to campers on as needed basis to manage illness and injury. *List any medications the camper should not be given (ie. Tylenol, Advil, Motrin, Sudafed, Robitussin, cough drops, Aloe Antibiotic cream, Kaopectate, Pepto-Bismol, Calamine lotion, etc.)* \_\_\_\_\_

### MEDICATION

\_\_\_\_\_ This camper will **NOT** take any daily medications while attending camp.

\_\_\_\_\_ This camper will take the following daily medication(s) while at camp:

"Medication" is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies.

**\*\*\*Florida law requires original pharmacy containers with labels which show the camper's name and how the medication should be given. Provide enough of each medication to last the entire time the camper will be at camp. \*\*\***

Last Name: \_\_\_\_\_, First Name: \_\_\_\_\_

**General Health Information:**

(Please circle all items that apply, past or present, to your health history. Explain all "Yes" answers.)

- |  |        |                                 |        |
|--|--------|---------------------------------|--------|
| 1. Back Problems   | YES NO | 15. High Blood Pressure         | YES NO |
| 2. Heart Disease   | YES NO | 16. History of Asthma?          | YES NO |
| 3. Contacts/glasses  | YES NO | 17. History of ADD or ADHD      | YES NO |
| 4. Convulsions/Seizures  | YES NO | 18. History of bed-wetting?     | YES NO |
| 5. Diabetes  | YES NO | 19. History of Cancer/Leukemia? | YES NO |
| 6. Diagnosed with a heart murmur?  | YES NO | 20. History of Sleepwalking?    | YES NO |
| 7. Ear infections  | YES NO | 21. Kidney Disease              | YES NO |
| 8. Joint Problems (knees, ankles etc.)                                   | YES NO | 22. Menstrual Cramps            | YES NO |
| 9. Emotional disturbances  | YES NO | 23. Migraine Headaches          | YES NO |
| 10. Ever had a head injury   | YES NO | 24. Motion sickness             | YES NO |
| 11. Ever been hospitalized?  | YES NO | 25. Fainting or Dizziness?      | YES NO |
| 12. Ever had surgery   | YES NO | 26. Nose bleeding               | YES NO |
| 13. Hearing impairment   | YES NO |                                 |        |
| 14. Problems with diarrhea/constipation                                  | YES NO |                                 |        |
| 27. Skin problems (rash, itching etc.)                                   | YES NO |                                 |        |
| 28. Chronic or recurring illness/condition?                              | YES NO |                                 |        |
| 29. Recent injury, illness or infectious disease? (within last 6 months) | YES NO |                                 |        |
| 30. Had mononucleosis in the past 12 months?                             | YES NO |                                 |        |
| 31. Hemophilia or other Bleeding Disorder?                               | YES NO |                                 |        |
| 32. Other medical history not specified?                                 | YES NO |                                 |        |
| 33. Traveled outside of the United States in the past 9 months?          | YES NO |                                 |        |

**Please explain "Yes" answers in the space below,** noting the number of the questions:

\_\_\_\_\_

For travel outside the country, please name country(s) visited and dates of travel:

Immunizations: (Fill out the following portion of this form or attach a copy of the camper's immunizations record.)

	Year primary series completed	Year of last booster
DPT		
Oral Polio		
Measles		
Mumps		
Rubella		
Tetanus		

Tuberculin Test Type: \_\_\_\_\_ Year Last Given: \_\_\_\_\_ Result: \_\_\_\_\_

Date of Last Physical: \_\_\_\_\_ (MM/DD/YYYY)

**MENTAL, SOCIAL, EMOTIONAL HEALTH: Circle or Check "Yes" or "No" for each statement.**

Has/Does the camper:

- Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)? \_\_\_\_\_ Yes/No
- Take medication for ADD or AD/HD during the school year that the camper does not/may not take during the summer? \_\_\_\_\_ Yes/No
- Take medication for ADD or AD/HD during the summer? \_\_\_\_\_ Yes/No
- Ever been treated for emotional or behavioral difficulties or an eating disorder? \_\_\_\_\_ Yes/No
- During the past 12 months, seen a professional to address mental/emotional health concerns? \_\_\_\_\_ Yes/No
- Had a significant life event that continues to affect the camper's life? \_\_\_\_\_ Yes/No  
(History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, etc.)

**Please explain "Yes" answers on the lines below,** noting the number of the questions. The camp may contact you for additional information. \_\_\_\_\_

**Keep this page at home for reference before camp**

# Camp Suwannee 2019

**Jr. Camp**  
(Ages 7-12)

July 7-13

Cost

**Sr. Camp**  
(Ages 13-18)

July 14-20

Applications postmarked:

**\$285.00 per camper**

**by June 1<sup>st</sup>**

**\$310.00 per camper**

**after June 1<sup>st</sup>**

**\$335.00 per camper**

**Walk-in Fee**

See below for family discounts

*This is an overnight camp.*

**Call 386-647-6624** with any questions

**We cannot guarantee a spot if you do not pre-register!!!!**

**Walk-ins will pay \$25 extra!!**

**Registration** begins at 2:00 p.m. on the Sunday camp begins and **Pickup** is at 10 a.m. on the following Saturday. The camp facilities, lodging and food service will not be available prior to or after those times.

**Campers will only be placed in cabins with other campers and staff of the same gender!**

Family Discounts:

Families sending **2** campers... **discount of \$15 per camper**

Families sending **3** campers... **discount of \$20 per camper**

Families sending **more than 3** campers...cost for **fourth child on** is **\$220 per camper**

**Note: Family discounts are available up until Registration.**

**Snack Shack:** Snacks and drinks are for sale twice a day, \$25 should be enough for the week. If making out a check, please make it out to **Camp Suwannee, not FLCACC.** Camp T-shirts will also be available.

**Lice Policy:** As you prepare your child for summer camp, please take a few minutes to check your child for head lice. This is easily accomplished by lifting up the hair along the temple, behind the ears and along the back of the neck. If you find lice, please treat your child and their belongings with products that are available for this purpose.

**We will be checking each camper before registration for lice. If evidence of lice is found, the camper will not be allowed to stay for camp. They will need to be treated and may return if successfully treated. If not, your money will be refunded, all but the deposit, and the child will be sent home with you.**

**As with all our medical policies and health procedures, this policy has been put in place to make summer camp a safe and enjoyable experience for all our campers. Thank you in advance for complying with our request. For further information on head lice and proper treatment, go to [www.headlice.org](http://www.headlice.org).**

## 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)
- ✓ Flip flops/sandals/water shoes
- ✓ Dirty clothes bag
- ✓ Light jacket or sweatshirt
- ✓ Money for snacks and T-shirt, if desired
- ✓ Sun block and bug repellent
- ✓ Flashlight
- ✓ Reusable Water bottle

## What Not to Bring

- **NO ELECTRONIC DEVICES**
- Fireworks
- Lighters
- Knives
- Weapons of any kind
- Drugs, Alcohol or Tobacco

**Possession of alcohol or drugs of any kind will result in immediate dismissal and possibly exclusion from future events!!!**

# Camp Suwannee



2019

We hope and pray we will see you there!

## **Camp Suwannee**

**@ Advent Christian Village**

**Physical Address:**

10063 Dowling Park Drive

Live Oak, Fl. 32064

[http://www.acvconference.net/facilities/camp\\_suwannee.aspx](http://www.acvconference.net/facilities/camp_suwannee.aspx)

**Mailing address:**

PO Box 4313

Dowling Park, FL. 32064

386-647-6624