CAMP SUWANNEE'S

2026 Summer Camp REGISTRATION FORM

On-line registration and on-line payment is now available @
https://www.campsuwanneecamps.org/

If you choose to mail your application in, send your **$25.00 non-refundable deposit** made payable to: **Fla. Conf. of AC Churches (FLCACC).** **Note: The deposit is subtracted from the total due.**
Mail to: **FLCACC**
P.O. Box 4314
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_____

E-Mail_____

Select a Camp (check one)	
Jr. Camp	Sr. Camp
Ages 7-12 *July 5-11*	Ages 13-18 *July 12-18*

Check here if first time to camp: ___

Costs:

Early Registration (if Post marked by 6/1): $425

Late Registration: $460

Walk-ins: NOT ALLOWED

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)

2026 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. By signing below, I agree to hold the Florida Conference of Advent Christian Churches (FLCACC) or any employee or volunteers of said organization, harmless for any accidental injury to my child while participating in any and all camp programs. I also agree to hold them harmless if my child tests positive for COVID 19 or any other infectious diseases, after attending camp. I authorize the Camp Director for the week and/or 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 pictures and/or videos of my child may be taken during camp and I give my permission for them to be used in Camp Suwannee promotional material.

ALL APPLICATIONS MUST BE SIGNED BY THE Parent/Guardian
Print Name: _____
Signature: _____ Date _____

MEDICIAL 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 fill out to the best of your ability***

(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
Tetanus (DT, DTaP, Td or Tdap)		

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:

1. Take medication for ADD or AD/HD during the school year that the camper does not/may not take during the summer?_____ Yes/No
2. Take medication for ADD or AD/HD during the summer? _____Yes/No
3. Ever been treated for emotional or behavioral difficulties or an eating disorder?_____ Yes/No
4. During the past 12 months, seen a professional to address mental/emotional health concerns?____Yes/No
5. 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 2026

Jr. Camp *(Ages 7-12) July 5-11*
Sr. Camp *(Ages 13-18) July 12-18*

This is an overnight camp.

Cost

Applications postmarked:

$425.00 *per camper* **by June 1st**
$460.00 *per camper* **after June 1st**

See below for family discounts

Call 386-688-0498 with any questions

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

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 $375 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**.

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.

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
- ✓ Sun block and bug repellant
- ✓ 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

2026

We hope and pray we will see you there!

Camp Suwannee

@ Advent Christian Village
Physical Address:
11063 Dowling Park Drive
Live Oak, FL 32064
www.campsuwanneecamps.org
www.acvconference.net/youth-activities/

Mailing address:

PO Box 4314
Dowling Park, FL 32064
386-658-5344