



CAMP SUWANNEE

Fall Retreat REGISTRATION FORM

Send applications with your \$25.00 non-refundable deposit made payable to:

Fla. Conf. of AC Churches (FLCACC), P.O. Box 4313, Dowling Park, Fl. 32064

This application can be obtained on our web site: <http://www.suwanneeconference.net/campsuwannee.html>

Camper's Information:

Camper Name _____

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

Mailing Address _____

City _____ State _____ Zip _____

Phone (____) ____ - _____ Change of Address (Yes) ____

E-Mail _____

Parent's Name _____

Parent's Cell Phone (____) ____ - _____

FALL RETREAT

Fri., 11 / 2 @ 7PM until

Sun., 11 / 4 @ 1PM

Ages 11-18

Cost: \$ 75.00

(same cost last three years)

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 ____ / ____ / ____ (mm / dd / yyyy)

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 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 Fall Retreat Director 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 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.

(To be signed in the presence of a Notary Public) ALL APPLICATIONS MUST BE NOTARIZED

Parent/Guardian Signature _____ Date _____

-----DO NOT WRITE BELOW THIS LINE - Notary use ONLY-----

State of _____ County of _____

The foregoing instrument was acknowledged before me this ____ day of _____, 20__, by _____, who is personally known to me or who has produced _____ as identification and did not take an oath.

Notary Public (Affix Notary Seal)
Printed Name

My commission expires _____



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.

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 _____ please print Phone () _____

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)
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

What Not to Bring...

Tapes, CDs, MP3 players, Ipods, etc
Playing cards
Electronic games, cell phones
Fireworks
Tobacco, drugs, lighters, Knives

Fall Retreat @ Camp Suwannee 2012!

We pray we will See You There!

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