



Camp Office Use

Summer Camp Registration

Camper's First Name: _____ Gender Listed on Birth Certificate: Male Female
 Last Name: _____ Grade ENTERING Fall 2018: _____ Date of Birth: _____
 Mailing Address: _____
 City: _____ ST: _____ Zip: _____
 Home Phone: (____) _____
 Camper's e-mail address: _____@_____
 Family e-mail address: _____@_____
 Father's/Guardian #1 Name: _____ Emergency Phone #s (area codes): _____
 Mother's/Guardian #2 Name: _____ Emergency Phone #s (area codes): _____
 Camper lives with (if different than above): _____ Relationship to camper? _____
 Camper's Home Church _____ City _____ Member? _____
 Baptized: Yes _____ No _____

Required for Campers Entering 4th Grade and Up: "I understand that the main purpose of this camp is to help me grow spiritually and that the rules of the camp are based on the Christian value system. **I have read the rules (in brochure or online) and agree to cooperate fully.**"

Signature of Camper: _____ Date: _____

Summer Camp 2018 – "Shout"

Check Program(s) Attending... Grade Entering in the Fall of 2018

<u>Camps</u>	<u>Date</u>	<u>Registration Cost</u>	<u>Supporting Church Cost</u>
			With Code Below
<input type="checkbox"/> Elementary (3-5)	June 3-8	\$250	\$200
<input type="checkbox"/> Alive (9-12)	June 10-15	\$300	\$250
<input type="checkbox"/> Middle School I (6-8)	June 17-22	\$300	\$250
<input type="checkbox"/> Middle School II (6-8)	June 24-29	\$300	\$250
<input type="checkbox"/> Elementary Mini-Week (3-5)	July 8-11	\$200	\$150
<input type="checkbox"/> Elementary Girls (3-5)	July 29-August 3	\$250	\$200

*Students that want to be a part of Higher Destination (HD) need to contact the Dean of the week they want to help with, this is no longer an open registration. Each student can apply through the Dean with their approval.

\$50 Supporting Church Discount Code: _____

(Not the same as a scholarship/coupon code)

Registration Cost Column "A": _____

Less: Scholarship/Coupon Code: _____ Value \$: - _____ Church ID# _____

Subtotal (Amt. Owed by Parent): _____

OPTIONAL Prepay items (May also purchase at check-in)

Camp Photo \$5.00 _____

Canteen/Missions Tickets _____ *Unused portions donated to mission of the week.

(Any amount up to \$30)* _____

Total \$ amt. enclosed/charged = _____

Payment Method: _____ Check _____ Money Order _____ MasterCard _____ Visa _____

CC# _____ Exp. Date: _____

3- digit code on back of card: _____ (Please add 3% surcharge when using a corporate account credit card.)

Amt. to Charge \$: _____

Print Name on Card: _____

Billing Address: (for Credit Card): _____

Signature: _____ Ph# _____

Health Record

— The following information must be completely filled in and signed by parent/legal guardian.

Camper's Legal Name: _____ Date of Birth: _____

Name camper uses – if different than above: _____

Check boxes for up-to-date Vaccinations that your child has received as required by Florida law for school entry.

- Diphtheria - Tetanus – Pertussis Series (DTP)
- Hepatitis B Series
- Polio-Series
- Varicella (or had “chicken pox)
- Measles – Mumps – Rubella (MMR)

Required – Date of Last Tetanus Booster _____

(Sometimes referred to as DTP or Td on health forms. Required at school entry for Kindergarten & 7th grade)

Check any boxes that apply to your child.

- Convulsive Disorders
- Recent Illness or Injury
- Chronic/Recurring Illness
- Contagious Disease(s)
- Frequent Ear Infections
- ADD/ADHD
- Special Conditions to be watched for: _____
 - See Attached
- Overall Good Health to participate in camp activities: _____
- Recent conditions that may restrict this camper from certain camp activities: _____
- Optional: Any recent life changes (death in the family, divorce, etc.) _____

Allergies: Please list any food, medication, insect, etc. allergies & describe reaction & management of reaction:

Allergy: _____ Reaction/Management: _____

Allergy: _____ Reaction/Management: _____

Rx – All medications (Prescription/Over-the-counter/herbs) must be in **original container** and turned in upon camper's arrival. PLEASE LIST or Attach

Name of Medication: _____ Dosage _____

Reason for taking: _____

Name of Medication: _____ Dosage _____

Reason for taking: _____

Name of Medication: _____ Dosage _____

Reason for taking: _____

Camper's Physician _____

- Yes: My child may be given over-the-counter medication as deemed necessary by the camp nurse, according to protocol, for “comfort measures”.
- No: Do not give my child any over-the-counter medications.

Health Insurance Information:

Insurance Company _____ Policy/Group # _____

Insured's Name (not camper) _____ Insured 's Date of Birth (not camper) _____

Emergency Phone Numbers:

Parent/Guardian Name: _____ Phone #'s with area codes: _____

If Parent/Guardian is not available, please contact:

Name: _____

In Case of Emergency & Permission to Participate:

“To the best of my knowledge my child is physically and emotionally able to take part in the camp program. In the event of a medical emergency, I give permission for a health care professional to do what is necessary for the health of my child. I have reviewed this form and certify that all appropriate medical information is included. I understand there may be elements of risk associated with activities at camp. I give my permission for my child to participate in all activities at camp and hereby release and agree to indemnify and hold harmless North Florida Christian Camp from any and all claims of any nature arising from such participation. I recognize that this is a Christian camp and that the Bible will be studied, and that camper conduct, as expressed in the camp literature, will be expected that is consistent with Christian values. I understand that cell phones are not permissible for campers and will not allow my child to bring one to camp. I also give my permission for the use of photography/videos including my child to be used in future camp publicity.”

Parent/Guardian

Date: _____

Signature

Required **X** _____

Please return Registration, Health Record, & Payment to:

North Florida Christian Service Camp
6779 Camp Road
Keystone Heights, FL 32656

352-473-3281 Phone
rachel@nfsc.org
www.nfsc.org