



Camp Office Use

## Summer Camp Registration

Camper's Last Name: \_\_\_\_\_  Male  Female  
 First Name: \_\_\_\_\_ Grade ENTERING Fall 2012: \_\_\_\_\_ 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 4<sup>th</sup> 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 2012 – "Live Intentionally"

**\*\*10% Early registration discount on-line at [www.nfsc.org](http://www.nfsc.org)\*\***

### Check Program(s) Attending... Grade entering in the fall of 2012

<u>Camps</u>	<u>Date</u>	<u>Mail-in/Late Registration Cost</u>	<u>Early Registration One Month Early</u>
		<u>A</u>	<u>B</u>
<input type="checkbox"/> Elementary I (3-5)	June 10-15	\$250	\$225
<input type="checkbox"/> Canoe Camp I (7-12)	June 10-14	\$275	\$245
<input type="checkbox"/> Primary Primetime (2-3)	June 15-16	\$50	\$45
<input type="checkbox"/> Middle School I (6-8)	June 17-22	\$250	\$225
<input type="checkbox"/> Canoe Camp II (7-12)	June 24-28	\$275	\$245
<input type="checkbox"/> Middle School II (6-8)	June 24-29	\$250	\$225
<input type="checkbox"/> Elementary II (3-5)	July 1-6	\$275	\$245
<input type="checkbox"/> Mid Sch Worship Arts (6-8)	July 15-20	\$250	\$225
<input type="checkbox"/> High Sch. Worship Arts (9-13)	July 22-27	\$265	\$235
<input type="checkbox"/> High School Higher Destination	Also pick the program of which want to work.	\$100	

Registration Cost Column "A": \_\_\_\_\_  
 Less: Scholarship: \_\_\_\_\_ Coupon Code: \_\_\_\_\_ Coupon Value \$: \_\_\_\_\_ Church ID# \_\_\_\_\_  
 Subtotal (Amt. Owed by Parent): \_\_\_\_\_  
**OPTIONAL Prepay items (May also purchase at check-in)**  
 Camp Photo \$5.00 \_\_\_\_\_  
 Canteen/Missions/Souvenirs Card \_\_\_\_\_ \*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 & 7<sup>th</sup> 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: \_\_\_\_\_

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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  
Signature

Date: \_\_\_\_\_

Required  \_\_\_\_\_

**Please return Registration & Payment to:**

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

352-473-3281 Phone  
352-473-5035 Fax  
www.nfsc.org