

OFFICE USE ONLY

Date _____ Amount Rec'd _____ Cash/Check # _____ Balance _____ Date Rec'd _____ Cash/Check # _____

2012 CAMP GENEVA REGISTRATION – June 10-14

Camper's Name: _____ Prefers to be called: _____

Camper's Address: _____

City: _____ State: _____ Zip: _____

Parent's Email Address (for information on camp updates): _____

Name of Parents/Guardians: _____

Address (if different from camper's): _____

Phone Number: Day: _____ Night: _____ Cell phone: _____

____ Male ____ Female Current Grade: _____

Age during Camp: _____ Cabin Buddy (Only One): _____

Payment enclosed — Camp fee is \$325 including snack card (check all that apply): Please make checks payable to the church your child is registering with (for example FPC Orlando, FPC Maitland, or FPC Deland)

- \$150 registration fee (nonrefundable, nontransferable, due now)
- \$175 balance (due no later than **May 25th** or a \$50 late fee will be assessed to the final payment!)
- Donation to scholarship fund for other campers (amount: \$ _____)
- Please send me scholarship information.

T-Shirt Size (included in the camp fee):

- Child Medium (10-12) Child Large (14-16) Child XL/Adult Small
- Adult Medium Adult Large Adult XL Adult XXL

Has the applying camper ever been away from home overnight? YES NO

Church Name: _____ City: _____

Camp Geneva Master Permission Form

Dear Parents or Guardians:

Water activities are an important part of our afternoon activities at Camp Geneva (every child has an opportunity to swim every day). All swimming will be supervised at the pool and at the lakefront by lifeguards at all times. It is important that they be aware of your child's swimming abilities. Please indicate this below:

_____ (child's name)

Swim Level:

- Beginner level
- Advanced beginner level
- Intermediate level
- Advanced level

In addition to swimming activities, we need your permission for your child to participate in the following activities. All activities are supervised by adults and include safety precautions for each camper. Please check all the activities you give permission for your child to participate in:

- Canoeing (lifejacket required)
- Paint ball (campers aim at targets only)
- Low Rope Course (run by camp trained personnel)
- I do not give permission for my child to participate in these activities.

In the event that your child needs basic medication, the camp nurse may need to administer Tylenol. Please check below to give your permission:

- I authorize the camp nurse to give my child Tylenol.
- I do not authorize the camp nurse to give my child Tylenol.

The cabins at Camp Geneva are furnished with bunk beds. **Most upper beds do not have rails.** Please let us know if:

- My child may sleep on a top bunk.
- I do not want my child to sleep on a top bunk.

Child's Name: _____

Parent's Signature: _____

Date: _____

Thank you for your help in making this a wonderful and safe experience for your child!

2012 CAMP GENEVA HEALTH FORM

WE MUST HAVE COMPLETE HEALTH INFORMATION TO ACCEPT REGISTRATION

Camper's Name: _____

Name of Physician: _____ Phone: _____

Your health insurance company: _____ Policy #: _____

(PLEASE DO NOT OMIT THIS INFORMATION!)

Physical/mental limitations of which we should be aware: _____

ALLERGY TO: _____

Please give specific symptoms of reaction (i.e. -itching, rash, swelling, shortness of breath, etc) _____

Action to be taken (i.e. - call parent, administer anti-histamine, etc) _____

Any prescribed medications must be checked in with the camp nurse. The Prescription Drug Form must be completed, including the physician's signature, and turned in with registration materials. This would include any parent supplied medication other than Tylenol.

Are there any special dietary concerns and/or any physical condition that the Camp Nurse and/or Camp Director should be aware of? (i.e. Diabetes, Asthma, Heart Conditions, etc.) If so, please detail them:

Parent/Guardian Authorization

In signing this form:

I hereby certify that this application and health information are correct.

I give permission for the use of photography including myself/my son or daughter to be used in any future camp publicity.

I hereby give my permission for myself/my child to participate in an activity organized by the First Presbyterian Church of Orlando (FPC). I hereby release, hold harmless and absolve FPC and Presbyterians for Renewal, their officers, staff, sponsors and all others who have participated in the planning, organizing and implementing of the activity, be they individuals or organizations, singly or collectively, from responsibility and liability for any illness, injury, misadventure, harm, loss, or inconvenience suffered or sustained as a result of the participation in the activity. I understand that in the event my child require(s) medical treatment while engaged in the activity, reasonable efforts will be made to contact my designated emergency contacts; however, if they can not be reached, I hereby consent and give my permission to the FPC staff or any adult counselor acting on behalf of FPC with respect to the activity, to consent to any X-Ray examination, medical, dental, or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either as an outpatient or in any hospital. To the best of my knowledge, I have listed below all of my/my child's medical allergies, medications being taken, medical problems or other pertinent information

I understand that in the case of an emergency, every effort will be made to contact me. If I cannot be reached at the numbers supplied, I hereby give permission for my child's physician to be contacted. If such contact cannot be made, I give permission for the use of staff or ambulance transport to an emergency room, for the hospital physician to secure proper treatment for, and to order injection, anesthesia, or surgery for my child, as named herein.

Signature of parent/guardian: _____ Date: _____

State of Florida, County of _____

Signature and stamp of notary: _____ Date: _____

FORM MUST BE NOTARIZED SO CHILD CAN BE TREATED BY DOCTOR IN CASE OF EMERGENCY

Camp Geneva Prescription Drug Form

(For parent-supplied medication, other than Tylenol)

Date: _____

I hereby give permission for my child, _____, to have the following medication administered by the camp nurse or designated camp personnel:

Name and dosage of medication: _____

Dosage instructions (Please be specific, i.e. time, with meals, etc.)

- All prescription medications must have a physician's and parent's signature.
- All medications administered at camp must be checked in with the camp nurse.
- All medications must be received in its **original** container and must be labeled with the child's name.
- This authorization is valid only for Camp Geneva 2012 and must be renewed each year.

Physician's Signature: _____ Date: _____

PHYSICIAN'S signature is required for ALL PRESCRIPTION medication.

Parent/Guardian's Signature: _____ Date: _____

PARENT/GUARDIAN'S signature is required for ALL MEDICATIONS.

Camp Geneva Camper Covenant

“Everyone is to treat everyone else as a Child of God. No one has the right to treat anyone else as if they do not matter.”

A covenant is a promise made between two people or groups of people. At Camp Geneva, the leaders and counselors promise to provide a safe, loving, fun environment for you to experience camp and grow in your relationship with Jesus Christ. In return, we ask you to make the following promise to us.

As a Camp Geneva Camper I promise to:

- Participate in all Camp Geneva’s activities to the best of my ability and to respect the right of others to do so as well.
- Honor my counselors and other camp leaders by listening to them and following their instructions.
- Build Christ-like relationships with the other campers by being kind, serving one another, sharing, talking out problems, and forgiving one another.
- Treat everyone respectfully through the use of appropriate language and conduct.
- Talk to my counselor if I have any problems.
- Take care of myself by getting enough sleep, eating properly, and keeping myself clean.
- Help keep my cabin clean and my bunk neat every day.
- Report to the camp nurse table at the dining hall during mealtimes if I need prescribed medication.
- Leave water guns, water balloons, silly string, shaving cream, radios, CD players, cell phones, pocketknives, and electronic games of any kind at home.
- Respect the camp property by keeping it clean and not acting in such a way to break or destroy things.

I understand that if I choose to break this promise in any way, there will be consequences for my actions. Consequences may include a verbal warning, a meeting with the Director of Camp Geneva, denial of privileges, a phone call to my parents and/or being asked to leave camp.

Camper’s Signature

Date

Parent/Guardian’s Signature

Date

BE PART OF THE CAMP GENEVA EXCITEMENT!

Camp Geneva is run in large part by a group of tremendous volunteers. For camp to be a success, we need you to be a part of the group! Please take a moment to review our needs and check the areas where you are available to help:

Name _____

Address _____

City _____ State _____ Zip _____ Email _____

Phone Numbers: DAY _____ NIGHT _____

#1 Need:

Our greatest need at camp is for adult counselors - particularly men! It takes approximately 70 adult counselors to provide quality supervision for our campers. Please consider serving as a camp counselor this year. There is a \$100 fee associated with this position.

_____ I am interested in being a counselor. Please send me an application.

#2 Need:

Day volunteers at camp help to run our afternoon activities. Help is needed for arts and crafts, canoes, paintball, and other afternoon activities. We need approximately 10-12 volunteers each day between 12 pm and 6 pm. Younger siblings are not allowed to come to camp during this time. Please consider the necessary childcare for them.

_____ I am interested in being a day volunteer.

I would be able to come to camp on: _____ Monday _____ Tuesday _____ Wednesday

In your final parent information packet you will see a section describing the counselor snack area. You will be asked to donate a specific snack item for this area. Please be sure to bring the requested item on the first day of camp.

Accident Insurance Group Enrollment Form

Please make checks payable to First Presbyterian Church of Orlando

Name: _____
Address: _____
City, State: _____ Zip: _____
Home #: _____ Work #: _____
Birthdate: _____ Gender (M or F): _____

Permission, Release and Consent

I hereby give my permission for myself/my child to participate in an activity organized by the First Presbyterian Church of Orlando (FPC). I hereby release, hold harmless and absolve FPC and Presbyterians for Renewal, their officers, staff, sponsors and all others who have participated in the planning, organizing and implementing of the activity, be they individuals or organizations, singly or collectively, from responsibility and liability for any illness, injury, misadventure, harm, loss or inconvenience suffered or sustained as a result of the participation in the activity. I understand that in the event I/my child require(s) medical treatment while engaged in the activity, reasonable efforts will be made to contact my designated emergency contacts; however, if they cannot be reached, I hereby consent and give my permission to the FPC staff or any adult counselor acting on behalf of FPC with respect to the activity, to consent to any X-Ray examination, medical, dental or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either as an outpatient or in any hospital. To the best of my knowledge, I have listed below all of my/my child's medical allergies, medications being taken, medical problems or other pertinent information.

Signed: _____ Date: _____

Medical Allergies, medication being taken, medical problems or other pertinent information:

Emergency Contact and Phone #: _____

Doctor's Name and Phone #: _____

IDENTIFICATION CARD

Participant: _____

The above named participant is covered for accidental medical expenses with The Hartford Insurance Group through First Presbyterian Church of Orlando. All medical claims should be filed on the Hartford claim forms only. This Insurance is in effect for a year from the date of signing.

Signature

Date

The Hartford Insurance Group Policy Number: 21SR275679