

Community of Christ

Florida Mission Center 2007 Camp Registration Information

www.cofchristfmc.org

JUNIOR CAMP		June 10-14, 2007		Entering Grades 3-6	
Registration:	BEFORE: June 1	\$70 / \$55*	AFTER: June 1	\$90 / \$75*	
Director:	Betty Yoder	772-464-7579	lyoder7177@bellsouth.net		
Business Mgr:	Jo Fenn-Martin	941-538-9810	jfennmartin@tampabay.rr.com		
Checks to:	Florida Mission Center	Mail to Jo:	317 137th Street NE, Bradenton, FL 34212		

JUNIOR HIGH CAMP		June 17 - 23, 2007		Entering Grades 7-9	
Registration:	BEFORE: June 8	\$90 / \$75*	AFTER: June 8	\$110 / \$95*	
Director:	Greg Milam	352-669-3791	fmcvouth@earthlink.net	Send t-shirt size	
Business Mgr:	Jim Fabricius	813-788-1077	Jpfab2tam@aol.com	with registration	
Checks to:	Florida Mission Center	Mail to Jim:	3748 Russian Olive Ln, Zephyrhills, FL 33541		

SENIOR HIGH CAMP		June 24-30, 2007		Grades 10-12 & Graduating Seniors	
Registration:	BEFORE: June 16	\$85 / \$70*	AFTER: June 16	\$105 / \$90*	
Directors:	Amy Cleveland	386-575-0956	acleve04@yahoo.com		
	Don Bailey	321-231-8635	dbaileyjr@cfl.rr.com		
Business Mgr:	Jane Watkins	866-628-5650	jwatkins@cofchrist.org		
Mail Checks & Registrations to:	Florida Mission Center	PO Box 196262 Winter Springs, FL 32719-6262			

CANOE CAMP		July 7-14, 2007		Entering Grades 9 and older	
Registration:	BEFORE: June 15	\$100/ \$85*	AFTER: June 15	\$120 / \$105*	ENDS: July 1
Director:	Darrel Andrews	863-648-1970	Email	Faye.Andrews@mosaicco.com	
Make checks & mail to:	Faye Andrews		1435 Cherry Lane, Lakeland, FL 33811		

HIGH ADVENTURE CAMP		July 7-14, 2007		Entering Grades 9 and older	
Registration Due By:	June 2	Cost: \$175.00	Limited to 8 participants		
Director & Business Mgr:	Mike Barnett	352-357-8476	nbarnett03@comcast.net		
Make checks and mail to Mike Barnett:	1005 Lakeview Dr. Eustis, FL 32726-5052				

SPECTACULAR		July 20-July 28, 2007		Entering grades 11-12 & Graduating Seniors	
Registration:	BEFORE: June 22	\$340/\$290	AFTER: June 22	\$515/\$465	
Director:	Greg Milam	352 669-3791	fmcvouth@earthlink.net		
Checks & Registration to:	Florida Mission Center	PO Box 196262 Winter Springs, FL 32719-6262			
NOTE: Participants are responsible for purchasing their own airline tickets and making arrangements to meet FMC delegation at KCI airport by 2:00pm on July 20, 2007					


*Special savings for friends and siblings. See details on page 2.

Camp Facts and Rules (For Junior, Junior High, & Senior High Camps ONLY)

Special Savings: You may deduct \$15 from your fee for each friend (first time camper to Deerhaven) whose application is mailed with yours! You may deduct \$15 for each sibling who registers with you for the same camp. (*For example, you pay \$85, a sibling pays \$70, a second sibling pays \$70, etc.*)

Refund Policy: If necessary to cancel prior to camp, a \$10 processing fee (\$25 for canoe camp) will be retained. No refunds will be issued once camp has started.

Insurance: All campers are insured for accidental injury. Camp insurance however is **secondary coverage** for claims over \$100. Insurance also covers pre-registered campers while being transported to and from camp.

Bring the following: Completed registration forms with ALL required signatures noted by 

Medical: Completed "Health Record" with parent signed authorizations. **Doctor-ordered medications** with instructions. Over-the-counter medications (OTC) are available at camp.

Clothing: Ample sports clothing, jacket or sweater, bathing suit, raincoat, long-sleeved shirts to protect from sun & insects. Closed toe shoes (tennis shoes ideal)

Linens: Sleeping bag or sheets & blanket for twin-size bed, pillow & pillowcase, 2 towels & washcloths. Blanket for campfire. Helpful to bring a plastic bag for packing wet clothing or linens.

Misc. Notebook, pencil, stationery, stamps, scriptures, soap, toiletries, toothbrush, sun lotion, insect repellent, flashlight.

(**Jr. /Sr. High Camps ONLY:** Music players with headphones, may be used in bunks at "shoes off" and after "lights out.")

Do Not Bring: Food, cell phones, radios/clock-radios, TV's, music players, electronic games, magazines, firecrackers, knives, firearms. **NO** over-the-counter medications.

Arrival and Dismissal Times: Registration is 2:00-3:00 pm. Early arrivals must have Camp Director approval. Camp will be dismissed at 12:00 noon. Please arrange for someone to pick camper up at 12:00 noon. No earlier or later, please.

Community of Christ Florida Mission Center sponsors the camps. Address: PO Box 196262 Winter Springs, FL 32719-6262. Phones: 407-977-4288 or 800-900-5070. FAX: 407-977-4534.

DEERHAVEN Retreat & Conference Center: Address: 47924 NFS 540-2, Paisley, FL 32767. Phones: **Main:** 352-669-3791 **Kitchen:** 352-669-1899.

NOTE: If evacuation of camp is necessary for any reason, contact the Community of Christ in Orlando at 407-644-2395.

Nondiscrimination: All functions of the Deerhaven Campgrounds, Inc. are governed by the policy of equal opportunities for all registrants and staff, irrespective of race, gender, sexual orientation, religion, or national origin.

Camp Rules (strictly enforced): Anyone in possession of alcohol, tobacco products, drugs or other illegal substances is in violation of the law. Infractions of this rule and/or possession of firecrackers, knives or firearms, could result in campers being sent home. ALL car keys will be turned in at the beginning of camp and car doors locked. Any unauthorized access to personal vehicles is not allowed. There will be NO unsupervised and/or unapproved activities after "lights out" (curfew). Anyone, without exception, outside his/her assigned cabin past curfew will be sent home the following day. Foul language will not be tolerated.

Parents/Guardians: If a camper must be sent home, please be advised that we will **first** try to contact you to arrange for transportation. If you are unavailable, the camper will be sent home by bus at your expense. Be sure to read and review with your camper the "What NOT to Bring" items listed above.

FLORIDA MISSION CENTER CAMP REGISTRATION FORM 2007

Name: _____		Address: _____	
Parent/Guardian: _____		City/State: _____	
Grade in Fall: _____		Birth date: _____	
<input type="checkbox"/> Canoe <input type="checkbox"/> College Age <input type="checkbox"/> Junior <input type="checkbox"/> High Adventure <input type="checkbox"/> Junior High <input type="checkbox"/> Senior High <input type="checkbox"/> SPEC		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Phone #'s: Home: _____		Work: _____	
Congregation: _____		Pastor: _____	
Email: _____		Phone: _____	
Instant Messenger Name: _____			
I understand that this is a Christian camp and I have read the camp rules of Deerhaven that were made for the well being of others and me. I accept responsibility for my conduct, will follow the camp rules, and be an asset to the camp.			
_____ / _____ (Camper Signature) Date		_____ / _____ (Parent/Guardian Signature) Date	
Standard Procedure Your child will be checked for fever, head lice, & athlete's foot. If any of these are present, your child will not be allowed to stay. Parents: Please do not leave the grounds until your child has completed the registration and nurse check. Fill out all parts of this form. (Note: Six (6) Parental/Guardian Signatures are required; 3 on each page.) Make checks payable to: Florida Mission Center (unless indicated otherwise on the camp information form.) Mail to: the indicated Business Manager for the camp.			

Liability Release			
The undersigned parent, legal guardian, next of kin, or participant acknowledges that even though every effort is made to provide a safe, accident-free environment, incidents may occur. In consideration for being accepted by the Florida Mission Center Community of Christ, for participation in this event, we (I being 21 years of age or older), hereby release, forever discharge, and agree to hold harmless, the aforementioned Center and the Community of Christ and the directors thereof from any and all liability, claims, or demands for personal injury, sickness, or death, as well as property damage and expenses of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in the camp, a designated trip or camp activity. Furthermore, we (I) (and on behalf of our child-participant, if under the age of 21 years) hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein. The undersigned further agree to hold harmless and indemnify said organizations, its directors, employees, and agents, for any liability sustained by said organizations as the result of negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto. Only participants 21 years of age or older need to sign. If participant is under 21 both parent(s) / guardian(s) must sign. If parents are separated or divorced, the custodial parent must sign.			
_____ / _____ Participant signature Date (If 21 or over)		_____ / _____ Parent/Legal guardian or Date Next of Kin	
_____ / _____ 2 nd Parent Date			

Photo Release			
In consideration of the right of Camper to participate in camp activities, I/We hereby give my consent and authorize the Community of Christ, its successors, heirs, legal representatives, assigns and agents to use and reproduce Campers name, voice and/or likeness (photographic, illustrative, audio or video tape, film or electronic and/or digital image), and circulate and use the same for any and all official resource, use or purpose including but not limited to print, film, or electronic media and reproduction or digital representation of every description on the internet/world wide web. Consideration is hereby waived in perpetuity, and no further claim of any nature whatsoever shall be made by me, my heirs or assigns. The Community of Christ has made no representations concerning the use hereof to me.			
_____ / _____ Participant signature Date (If 21 or over)		_____ / _____ Parent/Legal guardian or Date Next of Kin	
_____ / _____ 2 nd Parent Date			

FLORIDA MISSION CENTER CAMP REGISTRATION FORM 2007

Parental Consent	Camper Name: _____
I/We specifically consent to (camper) <u>participating</u> in activities offered by the camp, including but not limited to camping, boating, swimming, hiking, and sporting events.	
I/We have deleted any items from the preceding list to which I/We do not give consent for participation.	
I (We) certify that (camper) <u>has</u> the necessary skills to participate in any of the approved activities (e.g. boating or swimming). Lifejackets will be provided for campers participating in boating and canoeing as mandated by Florida Statute.	
I/We specifically DO NOT WANT (camper) <u>participating</u> in the following activities: (if NO restrictions, please indicate).	
<input type="checkbox"/> No Restrictions	<input type="checkbox"/> Restrictions: (Specify) <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
Participant signature (If 21 or over)	Date
Parent/Legal guardian or Next of Kin	Date
2 nd Parent	Date

Health Record (This Must be Filled Out <u>AND</u> Signed to Enter Camp)				
Camper Name: _____		<input type="checkbox"/> Female <input type="checkbox"/> Male	Age: _____	1st time @ camp? (Circle) Yes / No
MEDICATIONS (incl. OTC) List names of meds to be given at camp including dose (e.g. # of tabs), times, special needs (e.g. given with food or before meals)	Name: _____ Dose: _____ Time(s): _____ Special Needs: _____	Name: _____ Dose: _____ Time(s): _____ Special Needs: _____	Name: _____ Dose: _____ Time(s): _____ Special Needs: _____	
Allergies	Medications: _____	Foods: _____	Other (e.g. insects, mold): _____	
Treatment: _____	<input type="checkbox"/> Special Dietary Needs / Regime (e.g. no peanuts, morning/evening snacks w/insulin):			
Last Tetanus Shot: _____	Diet: _____	<input type="checkbox"/> Regular		
General Physical Condition		Health Insurance Information		
<input type="checkbox"/> Good	<input type="checkbox"/> Special Needs Describe _____	Physician Name: _____	Phone: () _____	
<input type="checkbox"/> Heart:		Insurance Co. Name: _____		
<input type="checkbox"/> Hernia: (limitations)		Policy #: _____	Group # / Name: _____	
<input type="checkbox"/> Kidney: (bedwetting)		I understand that camp insurance is <u>secondary</u> coverage and that the <u>camper's</u> insurance is <u>primary</u> .		
<input type="checkbox"/> Lungs: (asthma):		Parent's Signature: _____		
<input type="checkbox"/> GI: (constipation)		Parent / Guardian Authorization		
<input type="checkbox"/> Skin Problems:		In the event of an emergency, I give permission to the physicians &/or hospital (selected by the camp director/camp nurse) to order x-rays, routine tests, & proper treatment for my child.		
<input type="checkbox"/> Other: (sleepwalking, fainting, headaches)				
Emergency Contact (Other than parent/guardian)		Camper Name: _____		
Name: _____	Relationship: _____	Parent's Signature: _____		
Home #: _____	Cell/Alt. #: _____	Home Phone: _____		
To Be Checked at Camp Registration		Cell / Alternative #: _____		
<input type="checkbox"/> Head (no lice)	<input type="checkbox"/> Feet (no athlete's foot)	Initials: _____		
<input type="checkbox"/> Temperature:	<input type="checkbox"/> Medications & instructions	Nurse's Signature: _____		
<input type="checkbox"/> Special Needs/Instructions reviewed with parent/guardian	Initials: _____			