

Community of Christ

Florida Mission Center 2009 Camp Registration Information

www.cofchristfmc.org

JUNIOR CAMP		June 14-18, 2009		Entering Grades 3-6	
Registration:	BY:	June 5	\$85	AFTER:	June 5 \$110
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:	317 137 th Street NE, Bradenton, FL 34212		

SENIOR HIGH CAMP		June 21-27, 2009		Grades 10-12 & Graduating Seniors	
Registration:	BY:	June 12	\$115	AFTER:	June 12 \$140
Directors:	Amy Cleveland		386-575-0956		acleve04@yahoo.com
	Don Bailey		919-669-8419		don.bailey@andrew.com
Mail Checks & Registrations to:	Florida Mission Center	PO Box 196262, Winter Springs, FL 32719-6262			

JUNIOR HIGH CAMP		July 12 - 18, 2009		Entering Grades 7-9	
Registration:	BY:	July 3	\$115	AFTER:	July 3 \$140
Directors:	Charlie Brown		321-259-3284		cbrowniii@cfl.rr.com
	Lorna Owens				ljoone68@yahoo.com
Business Mgr:	Jane Watkins		866-628-5650		jwatkins@cofchrist.org
Checks and Mail to:	Florida Mission Center	PO Box 196262, Winter Springs, FL 32719-6262			

IYF		July 21-24, 2009		Entering grades 10-12 & Graduating Seniors	
Registration:	BY:	June 22	\$225	AFTER:	June 22 \$275
Director:	Ron M. Wood		813-695-7894		rwood@cofchrist.org
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 2pm.					

SPECTACULAR		July 24-August 1, 2009		Entering grades 11-12 & Graduating Seniors	
Registration:	BY:	June 22	\$375/\$325*	AFTER:	June 22 \$550/\$500*
Director:	Laura Moose		352-217-8882		Mooseontheweb23@aol.com
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 2pm. *sibling or first time friend rate					

HIGH ADVENTURE CAMP		August 8-15, 2009		Entering Grades 9 and older	
Registration Due By:	July 1	Cost:	\$175.00	Limited to 8 participants	
Director & Business Mgr:	Mike Barnett		352-357-8476		nbarnett03@comcast.net
Make checks payable and mail to Mike Barnett at:	1005 Lakeview Dr. Eustis, FL 32726-5052				

NOTE: Various financial help is available, including youth group fundraisers, congregational scholarships, or camperships for those demonstrating financial need. Please contact your pastor or the camp director for more information.

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

Refund Policy: If necessary to cancel prior to camp, a \$10 processing fee 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 and extra batteries.

(NOTE: Music players with headphones may be used in bunks at "shoes off" and after "lights out.")

Do Not Bring: Food, radios/clock-radios, TV's, 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 Camp Rules and the **"Do NOT Bring"** items listed above.

FLORIDA MISSION CENTER CAMP REGISTRATION FORM 2009

Name: _____		Address: _____	
Parent/Guardian: _____		City/State: _____	Zip: _____
Grade in Fall: _____		Birthdate: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Camp: <input type="checkbox"/> Junior <input type="checkbox"/> Senior High		<input type="checkbox"/> Junior High	<input type="checkbox"/> IYF <input type="checkbox"/> SPEC <input type="checkbox"/> High Adventure
Parent's Contact #s: Home: _____		Work: _____	Cell: _____
Religious Affiliation: _____		Home Congregation: _____	
Parent's Email: _____		Camper's Email: _____	
<p>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.</p>			
_____ / _____		_____ / _____	
(Camper Signature)		(Parent/Guardian Signature)	
Date		Date	
Standard Procedures			
<p>Fill out all parts of this form. (NOTE: Four (4) Parental/Guardian Signatures are required.) Make checks payable to: Florida Mission Center (unless indicated otherwise on the camp information form.) Mail to: the indicated Business Manager for the camp. 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.</p>			
Liability, Photo, and Medical Information Release			
<p>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.</p> <p>In consideration for being accepted by the Florida Mission Center of the 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 Mission 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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>The Health Insurance Portability and Accessibility Act (HIPAA) establishes strict rules regarding the confidentiality of Protected Health Information for persons receiving medical treatment. I hereby authorize counselors, doctors, nurses or administrators at the Florida Mission Center of the Community of Christ to release any information concerning injuries, illnesses or other protected health information (PHI) to appropriate persons, including but not limited to each other, my parents, health care providers or other authorized recipients, and hereby waive, release and relinquish any and all claims for liability and cause(s) of action against the Community of Christ, its officers, employees, agents and assigns, for damages related to violations of the Health Insurance Portability and Accessibility Act (HIPAA).</p>			
_____ / _____		_____ / _____	
Participant signature (If 21 or over)		Parent/Legal guardian or Next of Kin	
Date		Date	
		_____ / _____	
		2 nd Parent	
		Date	

FLORIDA MISSION CENTER CAMP REGISTRATION FORM 2009

Activity 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"/> _____
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 AND Signed to Enter Camp)

Camper Name: _____		<input type="checkbox"/> Female	<input type="checkbox"/> Male	Age: _____	1 st 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). Continue list on back of form, if needed.	Name: _____	Name: _____	Name: _____		
	Dose: _____	Dose: _____	Dose: _____		
	Time(s): _____	Time(s): _____	Time(s): _____		
	Special Needs: _____	Special Needs: _____	Special Needs: _____		
Allergies	Medications:	Foods:	Other (e.g. insects, mold):		
Treatment:					
Last Tetanus Shot:	Diet:	<input type="checkbox"/> Special Dietary Needs / Regime (e.g. no peanuts, morning/evening snacks w/insulin):			
Date:	<input type="checkbox"/> Regular				

General Physical Condition		Health Insurance Information	
<input type="checkbox"/> Good	<input type="checkbox"/> Special Needs Describe	Physician Name: _____	
<input type="checkbox"/> Heart:		Phone: () _____	
<input type="checkbox"/> Hernia: (limitations)		Insurance Co. Name: _____	Policy #: _____
<input type="checkbox"/> Kidney: (bedwetting)		Group # / Name: _____	
<input type="checkbox"/> Lungs: (asthma):		Authorization for Medical Treatment	
<input type="checkbox"/> GI: (constipation)		I understand that camp insurance is secondary coverage and that the camper's insurance is primary .	
<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)	<input type="checkbox"/> Special Needs/Instructions reviewed with parent/guardian	
<input type="checkbox"/> Temperature:	<input type="checkbox"/> Medications & instructions	Initials: _____	Nurse's Signature: _____