

Please send all information to Claribel Baron, 301 1st Ave. South Lake Worth 33409,
or cbaron@crossministries.org.

RIVERSIDE RETREAT CENTER SUMMER CAMP REGISTRATION

AVAILABLE SUMMER CAMP WEEKS – JULY 8 – 14, 2012, JULY 15 – 21, 2012 AND JULY 22 – 28, 2012

SPECIALTY WEEK – JUNE 24 – 30, 2012

CAMPER DATA

Camper's Name _____
(First) (Middle) (Last)

Camper's Primary Address _____
(Street/PO Box) (City) (State) (Zip)

Name for Name Tag: _____ Male _____ Female _____ Date of Birth _____

Camper's Grade in Sept. 2011 _____ Camper's Primary Phone No. () _____

Camper's email address _____ Cell No. () _____

FAMILY DATA

Guardian's Name(s) _____

Relationship to Camper _____

Who does the Camper live with? Both Parent _____ Mother _____ Father _____ Other _____

Emergency contact if parent/guardian cannot be reached

(Name) (Phone) (Relationship to Camper)

May Camper be released to anyone other than the custodial parent/guardian? Yes No _____

If yes, please list names Claribel Baron, Katherine Fazio

HEALTH INFORMATION

Food /Allergies: _____

Medical/Physical Needs or Allergies: _____

_____ Check here if there are other special needs, please attach a separate piece of paper explaining those needs in detail.

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Page 2

GENERAL INFORMATION

Church Name & Address attending: CROS Ministries 301 1st Ave. South, Lake Worth

CAMP DATES ATTENDING: _____

TOTAL COST FOR CAMP WEEK: \$370.00 PER PERSON

Please Remit Application & Payment to: Riverside Retreat Center – 7305 CR 78, LaBelle, FL 33935
Any balance remaining will be paid on or before arrival of the camper.

AUTHORIZATION (SIGNATURE OF PARENT/GUARDIAN)

I give permission for my child to be photographed and for the camp to use the pictures for publicity purposes.

I give my permission for my child to attend Riverside Retreat Center and to participate in all of the activities of the camp including swimming in the swimming pool.

Print Name: _____

Signature: _____

Any questions, contact Martha Pierce at telephone number (863)675-0334 or email mpierceriverside@yahoo.com

RIVERSIDE RETREAT 2012 SUMMER CAMP

SCHOLARSHIP FORM

Scholarships must be postmarked or faxed no later than May 15, 2012. Any forms sent after that date will not be considered. **Failure to follow the instructions or to fully fill in all areas of the form could result in being disqualified from receiving a Scholarship.**

Please mail to 7305 CR 78, LaBelle, Fl 33935 or fax to 863-675-1411.

CAMPER INFORMATION

This section needs to be filled out by a PARENT/GUARDIAN or CHURCH CONTACT PERSON. Please do not have the camper fill out this section. Please print legibly to ensure we process your information correctly.

Name of Camper: _____

Address of Camper: _____

Daytime Phone Number: _____ E-Mail: _____

Church Name & City: CROS. Ministries

Check one: Youth Camp Children's Camp

Camper's Ethnic Group: Hispanic Caucasian Asian

African American Native American Other

FINANCIAL INFORMATION

This section needs to be filled out by the PARENT/GUARDIAN of the camper. In order for us to assess your financial need please provide us with as much information as possible.

How much funding are you receiving from:

Personal financing \$ 0

Local Congregation \$ 0

Other \$ 0

How much are you requesting from this Scholarship Committee? \$ 370.00

Annual family income of (check one): \$0 – 12,500 \$12,500 – 25,000 \$25,000 – 37,500 \$37,500 – 50,000 \$50,000 – 62,500 Other

Please list any other campers attending Riverside Retreat Summer Camp this summer.

CHURCH ENDORSEMENT

This section must be filled out completely by the Senior Pastor, Youth Director, Children's Director or Church Contact Person. If this section is not filled out completely by one of the above listed people, the camper will not be considered for a Scholarship.

Instructions to the Church Representative:

Please fill this out completely by providing any information that you can to help inform the scholarship committee why this camper is in need of a scholarship for Summer Camp. The Scholarship Committee uses the information you give to determine not just what camper receives a scholarship, but also what amount will be given. Any information that you are able to share will be helpful in determining the need of this camper.

Church Representative's Name: Claribel Baron

Name & City of Church: CROS. Ministries, Lake Worth

Please provide information that would help the scholarship committee in assessing the need level of this camper:

This camper has attended our summer camp programs (for children in grades K-5th). We have verified the household income and can honestly state that this child lives in extreme poverty. Without this scholarship this child would not have the opportunity to attend an overnight camp.

PARENT ENDORSEMENT

This section must be filled in by PARENT/GUARDIAN. Please explain to the scholarship committee why your child is in need of a camp scholarship. If this area is not filled in, the application will not be considered

WHY I WANT TO GO TO SUMMER CAMP

The camper needs to write one or two sentences explaining why they want to go to Summer Camp. This must be provided for the camper to be considered.

Riverside Retreat
Florida United Methodist Camps & Retreat Ministries

Medical Authorization/Parental Consent Form

*****Expires August 31, of calendar year signed*****

Parents and legal guardians of minor children are asked to complete this form, have their signature notarized, and bring the form to summer camp registration. The information requested is designed to assist the camp in providing for the safety of minor children during camp activities. A completed properly notarized form is **required** for minor children to participate in camp activities. The camp and staff recognize your right to privacy. The camp will not give away or sell the private, personal, and health information you provide. Only camp staff directly involved in supervising your child, (and if necessary, qualified health care professionals,) will have access to this information. **Please note:** the camp staff will notify you if your child exhibits fever, cough, excess expulsion of bodily fluids, allergic reactions, severe tiredness, or sustains any injury that causes severe pain/dyscolorization/swelling, or of any condition cannot be sufficiently treated by camp staff.

Contact Info:

Student's name: _____ Date of Birth: _____
Child's Social Security Number _____
Address: _____ City/State: _____ Zip: _____
Home phone: _____ Last school grade completed: _____
School: _____
Mother's Name: _____ Father's Name _____
Mother's Work Phone: _____ Father's Work Phone _____
Mother's Cell Phone: _____ Father's Cell Phone _____
Other Emergency Contacts (names and phones): (1) _____
(2) _____ (3) _____

Medical Information

Does your child have any major health or injury history or current medical conditions requiring ongoing medical supervision?

YES No

If YES, please explain. Use a separate page if necessary.

Has your child recently been exposed to any infectious disease? YES NO

If YES explain: (Note that at registration, the presence of a fever may preclude your child's acceptance to camp.)

Does your child take any over-the-counter or prescription medication on a regular basis? YES NO

If YES, please list medication, dose strength, and frequency on the **Medication Description Form**. **Please note, campers are NOT allowed to have any medications in their possession. The Camp Nurse will dispense all medications.**

Is your child allergic to any medications? YES NO

If YES, please list here **AND** on the **Medication Description Form**:

Does your child have any allergies other than to medications? YES NO

If YES, please list here **AND** on the **Medical Description Form**:

Can your child swim? YES NO

Is camper current on all immunizations needed for school? YES NO

Date of last tetanus, DPT, or DT series immunization _____ (Must be within past 10 years.)

Does your child have any physical handicap, illness, behavioral problem, or special circumstance which would prevent him/her from participating in normal recreational activities, require special housing or access needs, have dietary restrictions, or special health problem that medical professionals would need prior to treatment? YES NO

If YES, please explain: Use a separate sheet of paper if needed.

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Child's Doctor: _____ of (city) _____, FL.
at phone: (_____) _____

Name of Primary Insured: _____

Insurance Carrier: _____ Phone: (_____) _____

Member/Policy Number: _____

Group/Plan Number: _____

Other information that may be necessary for treatment and billing, depending on your specific insurance company's requirements, (such as Primary Insured's Social Security Number.) _____

Medical Treatment Authorization

- I, the parent/legal guardian of _____ (child's name), do hereby consent to the participation of my child in all of the activities for children and youth at Riverside Retreat for the duration of the effective date of this form. This includes field trips, camp-outs, swimming, boating, hiking, sporting events, and other activities customarily associated with a summer camp whether on or off site. Further, I certify that my child is physically able to safely participate in such events except as noted on the reverse side of this form. I understand that every reasonable effort will be made to contact me in case of an emergency involving my child. However, in the event that I can not be reached, I authorize the accessing of the services of a doctor or other qualified Health Care Professional, ER, or EMS for the provision of necessary medical treatment in the event that my child is injured or becomes ill. I also authorize the treatment of my child by qualified health care professionals without my presence as the basis of this document. I understand that neither Riverside Retreat, the Florida United Methodist Conference, the camp staff, nor adult volunteers will be responsible for medical expenses incurred, but that such expenses will be my sole responsibility as the parent/legal guardian. Further, I agree to hold free Riverside Retreat, the Florida United Methodist Conference, camp or conference staff and volunteers from any indemnity associated with a good faith effort to care for my child. I also understand that the camp's assigned adult supervisors, staff, or volunteers, have the right to restrict my child from any activity that they do not feel is within the physical capabilities of my child.

PARENT/LEGAL GUARDIAN

PRINTED NAME

SIGNATURE

DATED

NOTARY

State of Florida: County of _____,

On this _____ day of _____, in the year _____,

before me personally appeared: _____

known to me personally or who has produced _____

as identification and did not take an oath.

NOTARY SIGNATURE

NOTARY SEAL

Riverside Retreat
Florida United Methodist Camps & Retreat Ministries

Medication Description Form

Child's Name: _____ Age: _____

(Office use only: Assigned Cabin _____ Temp at Registration: _____
Health Form Reviewed _____ By _____)

Step 1: List all prescription and over the counter medications that need to be administered while at camp. (If none, please write "NONE".) Please print. Use a separate page if needed.

Medication name	Dose	To be given	Special Instructions
1.			
2.			
3.			
4.			
5.			
6.			

Step 2: List ALL allergies to medications, environmental, or contact allergens. Include pollen, bees, scented soaps, etc. (Please explain any sensitivities, such as "Benedryl makes him hyperactive.")

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

Step 3: Check the OTC medications, (or their generic equivalents) that camp medical staff can administer for the specific indications noted below. These medications are available at camp and do not need to be provided by the camper. Note: Medications containing aspirin or aspirin related products will not be administered.)

- | | |
|---|--|
| <input type="checkbox"/> Tylenol: mild fever or minor pain/discomfort | <input type="checkbox"/> Benedryl: mild allergy symptoms |
| <input type="checkbox"/> Antibiotic cream: minor cuts/scrapes | <input type="checkbox"/> Sudafed: mild allergy symptoms |
| <input type="checkbox"/> Throat lozenges: mild cough/sore throat | <input type="checkbox"/> Antacid: mild upset stomach |
| <input type="checkbox"/> Anti-diarrheal: mild diarrhea | |
| <input type="checkbox"/> Non-steroidal Topical Creams: itching, sunburn, or insect bites | |
| <input type="checkbox"/> Permission for camp staff to follow recommendations by Poison Control Center: ingestion of caustic or poisonous substance. | |

Step 4: Parent/Guardian signature; _____ Date _____

Step 5: Place this form and any medications in a resealable plastic bag. (Please note, the medications MUST be in the original pharmacy labeled container or the original OTC packaging.) Bring the bag of medications to registration.