



# Youth Summer Camp June 3 - 7th

## STEP 1: PLEASE COMPLETE WITH CAMPER INFORMATION

FIRST NAME  LAST NAME

DOB (MM DD YY)  AGE  GENDER  GRADE (entering 2023-2024 school year)

PRESENT MAILING ADDRESS

CITY  STATE  ZIP CODE

PARENT OR GUARDIAN NAME  PARENT OR GUARDIAN PHONE NUMBER

EMERGENCY CONTACT NAME  EMERGENCY PHONE NUMBER

EMERGENCY CONTACT PERSON'S RELATIONSHIP TO CAMPER

EARLY DEPARTURE: Only those authorized can remove a camper from camp early. List designated person(s):

Is there anyone we should NOT release your child to? Please list complete name(s):

Water Baptism: Pen Florida Youth believes in full submersion under water, which serves as a symbolic expression of one's faith in Christ. We will have a baptism service for those students who desire to be baptized.  
If my child desires to be baptized, r I GIVE r I DO NOT GIVE my child permission to be baptized.

## STEP 2: MEDICAL INFORMATION—*all medications, prescriptions, and over-the-counter meds must be brought in the original container to the first aid director with the medical form signed by parent/guardian.*

Does the camper have allergies r Yes r No If yes, explain \_\_\_\_\_

Year Camper received Tetanus Toxoid immunization: \_\_\_\_\_

Can the First Aid Director give Tylenol to your child? r Yes r No

Can the First Aid Director give Advil or Ibuprofen to your child? r Yes r No

What communicable diseases has this camper had:  
r Measles r Polio r Mumps r Chicken Pox r Scarlet Fever r Whooping Cough r Other \_\_\_\_\_

Does camper have: r Heart Trouble r Ear Trouble r Asthma r Hernia r Sleepwalking  
r Other: \_\_\_\_\_

Is there any activity in which you do not wish to participate? \_\_\_\_\_

In one word, describe your health: \_\_\_\_\_

## STEP 3: ADD ON'S—*Please check the add on's for your camp experience. Whatever you check will be added to the registration cost for camp. PREPAID items must be paid in advance or will not be reserved.*

- Camp Prepaid Shirt \$15 Adult Sizes r Small r Medium r Large r XL r 2XL
- PREPAID Snack Shack Card \$10 How Many: \_\_\_\_\_



# 2023 PFY SUMMER CAMPER CONSENT & AGREEMENT FORM **\*\*REQUIRED\*\***

(1 PER STUDENT—PARENT AND CAMPER SIGNATURES REQUIRED BELOW)

Authorization for: \_\_\_\_\_  
Student Name (Last, First) Church City / Church Name

Camp Attending:  Youth 1  Youth 2  Youth 3  Youth 4  Youth 5  Kids 1  Kids 2  Kids 3

## CAMPER BASIC INFO

Camper Birth date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Parent/Guardian Phone: \_\_\_\_\_

## HEALTHCARE INFO

Insurance Carrier: \_\_\_\_\_ Insurance Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Insurance Policy and/or Group Number: \_\_\_\_\_

Policy Holder Name: \_\_\_\_\_

(First) (Last)

Coverage Start: \_\_\_\_\_ Coverage End: \_\_\_\_\_ r Above Camper is not covered by medical insurance of any

kind.

### NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF PENINSULAR FLORIDA DISTRICT COUNCIL OF THE ASSEMBLIES OF GOD USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM PENINSULAR FLORIDA DISTRICT COUNCIL OF THE ASSEMBLIES OF GOD IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND PENINSULAR FLORIDA DISTRICT COUNCIL OF THE ASSEMBLIES OF GOD HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

By signing this form, I affirm that the information submitted online is true and accurate to the best of my knowledge. I do hereby state that I have legal custody of this child, a minor, who resides with me. While this minor is a registered camper at any Peninsular Florida Assemblies of God summer camp, I hereby authorize any director, counselor, nurse, dean, lifeguard, or other responsible person of said Camp to consent to any x-ray, examination, anesthetic, medical or surgical treatment, and hospital care, to be rendered to this minor under the general or special supervision and on the advice of any physician or surgeon licensed to practice in the United States, when such medical or surgical treatment is necessary. I understand that should such treatment be necessary that the Peninsular Florida Assemblies of God summer camp provides only secondary insurance, and begins where the camper's primary health and accident insurance policy has been extended to its limits. I understand that every effort will be made to contact me regarding any medical attention given to my child.

I also understand that participants at Masterpiece Gardens Camp are liable for damage caused intentionally or maliciously. Damage caused by a participant will be billed directly to the participant responsible and their legal guardian. I understand that youth camp is a voluntary activity. Student must be willing to cooperate with the overall spirit and schedule of the camp. Finally, I understand that every effort will be made to room church groups in the same dorms. However, due to the structure of camp and limited number of beds, this is not always possible.

We give full permission to Peninsular Florida Assemblies of God summer camps to reproduce any photograph and/or video image of me/my student for promotional usage without obligation to me/my student.  AGREE  DISAGREE

[Youth Camp Only] Water Baptism: Pen Florida Youth believes in full submersion under water, which serves as a symbolic expression of one's faith in Christ. We will have a baptism service for those students who desire to be baptized.

If my child desires to be baptized,  I GIVE  I DO NOT GIVE my child permission to be baptized.

I have reviewed the camp information sheet and gone over the camp and dress code policies with my child. Camper's signature below confirms his/her agreement to abide by camp policies including dress code.



# 2023 PFY SUMMER CAMPER MEDICATION FORM

(REQUIRED IF BRINGING ANY MEDICATION—PRESCRIPTION OR NON-PRESCRIPTION)  
 (1 PER STUDENT—PARENT/GUARDIAN SIGNATURE REQUIRED BELOW)

Authorization for: \_\_\_\_\_  
Student Name (Last, First) Church City / Church Name

Camp Attending: r **Youth 1** r **Youth 2** r **Youth 3** r **Youth 4** r **Youth 5** r **Kids 1** r **Kids 2** r **Kids 3**

If your camper needs to bring any medication to camp, please complete this information within 24 hours prior to your camper's arrival. ALL MEDICATIONS MUST BE IN THE ORIGINAL CONTAINERS. Place all medication containers in a plastic resealable zipper closure bag with this completed form detailing instructions for the use of each medication your child is to receive at camp. A medical attendant will receive medications at the first aid table during camp check-in. Inhalers are the only medications that can be kept with the camper (please send two in case one is lost). Over the counter meds such as Tylenol, Advil or Ibuprofen, Midol, and multi-vitamins must all be turned in to the first aid director.

**NO MEDICATION CAN BE ADMINISTERED UNLESS LISTED ON THIS FORM WITH PARENT/LEGAL GUARDIAN SIGNATURE.**  
**MEDICAL PERSONNEL IN THE SICK BAY MUST ADMINISTER ALL CAMPER MEDICATIONS.**

Name of Medication	Dosage	Time to be given	Signature & Time Given (First Aid Director Use Only)				
			/	/	/	/	/
			/	/	/	/	/
			/	/	/	/	/
			/	/	/	/	/
			/	/	/	/	/

Medications will be given as directed on prescription containers. Explain any differences in instructions: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I authorize the camp medical personnel to administer the medications listed above. In addition, I authorize the Camp Executive Staff to consent to medical treatment when either my assignee or I cannot be contacted. I understand that every effort will be made to contact me before such action.

SIGN HERE: