

# Florida Youth Retreat 2010-11

## MAIL APPLICATIONS and PAYMENTS TO:

Florida Youth Retreat  
6000 Mattox Street  
Orlando Florida 32822  
Phone: 321-332-8675  
Email: [floridayouthretreat@hotmail.com](mailto:floridayouthretreat@hotmail.com)  
Website: [www.floridamessagechurch.com](http://www.floridamessagechurch.com)

## *Physical Address:*

**Florida Youth Retreat/Camp Horizon**  
7369 Sunnyside Dr.  
Leesburg Florida 34748  
352-728-5822

## Florida Youth Retreat 2010-11 CAMPER APPLICATION

### CAMPER INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  Male  Female

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Email Address \_\_\_\_\_  Insurance Card attached (copy)  No insurance

Name of Sponsor (if different than parent) \_\_\_\_\_

Home Church \_\_\_\_\_ Pastor \_\_\_\_\_

### *Parents Information:*

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Relationship \_\_\_\_\_

### *Camper Health Information*

Allergies to medicines or foods:

\_\_\_\_\_

Describe any physical or behavioral special needs:

\_\_\_\_\_

### **Camper is being treated for, or may have problems with (please circle all that apply & attach an explanation if needed):**

Heart Tonsils Hay Fever Ears Hernia Sinuses Diabetes Skin Problems Asthma/Breathing Bed wetting Behavioral Issues

All medications must be checked in with the Camp Nurse/Medic who will administer them as prescribed. Provide clear written instructions to be given to the health counselor at registration with all medications in a zip-lock bag. **Prescription drugs must be in their original labeled containers.** Over the counter medications (vitamins, minerals, etc) must be **in their original bottle** with complete instructions for use. Asthmatic campers may keep their inhalers - you may choose to send a backup inhaler to leave with the health counselor. Topical creams, eye drops or ear drops may be kept in the cabin if appropriate. **If your camper has any special needs please attach a note that explains this in detail.**

I (parent/guardian) give permission for the Health Counselor (RN, LPN, Paramedic) to administer any of the following over-the-counter medications or a generic equivalent; **except those I have put a line through.** (Your approval is included in the **PARENT AND CAMPER AGREEMENT.**)

**For Pain / Fever:** Acetaminophen (Tylenol) Ibuprofen (Motrin) Aspirin **Topical:** Antibiotic Ointment (Neosporin, Bacitracin, Polymixin) Benadryl Calamine **Eye Care:** Artificial Tears Wetting Drops Visine/Murine **Gastrointestinal:** Emetrol Imodium Pepto-Bismol Antacids (i.e. Tums, Mylanta, or Maalox)

The parent/guardian is responsible to provide adequate medical insurance and will be responsible for any and all medical bills incurred due to illness or injury of the camper. **Please attach a copy of your insurance card (both sides).**

# Florida Youth Retreat 2010-11

Florida Youth Retreat All-inclusive Cost is \$120.00 per person - absolutely non-refundable

## Description of camp cost:

**\$120.00 for entire Youth Retreat (All Inclusive)**

*Transportation to and from the airport*

*Breakfast/Lunch/Dinner*

*Cabins*

*Sports and other activities*

**Not included**

*Snacks/vending*

*Offerings*

### Optional PRE-PAY

**Availability is limited to 60 Youth, so secure your Florida Youth Retreat Reservation As Soon As Possible!**

Make Checks or Money Orders payable to: Bible Believers Tabernacle  
6000 Mattox Street  
Orlando Florida 32822

Minimum Payment: (50% down) \$60.00 before December 1, 2010 to secure your reservation.

**PAYMENT BALANCE of \$60.00 IS DUE BY DECEMBER 15, 2010**

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### **PARENT AND CAMPER AGREEMENT (READ CAREFULLY BEFORE YOU SIGN)**

**The following is understood and agreed to by the camper and the parent or guardian signing below:**

1. The camper applying to the Florida Youth Retreat is in good physical and emotional health and willing to submit to camp authority, standards of behavior, and discipline.
2. **The parent/guardian signing below is in legal custody of the child** and is legally responsible for payment of the fees and any damages or other expenses incurred by the camper.
3. Florida Youth Retreat is empowered to obtain emergency medical treatment for the camper if necessary and all expenses are the parent's responsibility.
4. The health counselor (RN,LPN,Paramedic) may provide first aid and administer prescription and non prescription medications according to policy (see pg 1).
5. The Florida Youth Retreat has permission of the camper's parent/guardian to take the camper on supervised trips off the Camp property including but not limited to: canoe trips.
6. If the camper violates any Florida Youth Retreat Standards of Conduct, (copy on request), or engages in any activity which the Camp believes is, at the sole discretion of the Camp, inconsistent with its principles, the camper may be required to leave the Camp immediately. The parent/guardian will be required to come pick up the camper at the earliest possible time. **Fees are non-refundable if campers are sent home for disciplinary reasons.**
7. I/We release Florida Youth Retreat., and volunteers from financial responsibility for injury sustained by my child while at the Florida Youth Retreat.

Signature of **CAMPER** "I agree to follow Florida Youth Retreat standard of conduct"

The Camper \_\_\_\_\_

Signature of **PARENT** or **GUARDIAN HAVING LEGAL CUSTODY**

Parent or Legal Guardian \_\_\_\_\_  
**Both MUST SIGN**