

MAIL APPLICATIONS TO:
 Camp Horizon
 7369 Sunnyside Drive
 Leesburg, FL 34748
 Phone: (352) 728-5822 If you fax
 FAX: (352) 728-8694 call to verify.

Jesus Christ...
Putting it all together.
Colossians 1:28

B V1 Y1 J1 V2 Y2 J2 G
OFFICE USE ONLY
 PM FX DE:

CAMP HORIZON 2010 CAMPER APPLICATION

CAMPER INFORMATION

<i>Last Name</i>	<i>First Name</i>	[] <i>Nick Name</i> - [] <i>Middle Name</i>	<i>Sex</i> M F (circle one)
<i>Street Address</i>			
<i>City</i>	<i>County</i>	<i>State</i>	<i>Zip Code</i>
()	<i>Home Phone No.</i>	<i>Birth date</i>	<i>Age</i> Grade Entering next fall
<i>e-mail address</i> [] Parent [] Camper		[] Insurance Card Attached (copy) [] No Health Insurance	
<i>Name of sponsor (if different than parent/guardian)</i>		<i>Cabin Request (one camper of same age)</i>	
T-SHIRT SIZE [] Youth Medium (10-12) [] Youth Large (12-16) [] Adult Small [] Adult Medium [] Adult Large [] XL [] XXL		<i>Home Assembly / Church / Fellowship</i>	
Would you like to be contacted by a local church affiliated with Camp Horizon? [] Yes [] No Thank You			

PARENT/GUARDIAN INFORMATION

<i>Name</i>	()	<i>Phone:</i> [] Work [] Cell	<i>Relationship</i>
<i>Name</i>	()	<i>Phone:</i> [] Work [] Cell	<i>Relationship</i>
<i>Name of person picking camper up (if other than parent or guardian)</i>	()	<i>Phone:</i> [] Home [] Cell	<i>Relationship</i>

Camper Health Information

Height	Weight	Hair	Eyes
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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

[] See attached notes / documents **SPECIAL CARE:** []-Contacts []-Glasses []-Braces []-Retainer []-Other

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 Campho-phenique |
| Antihistamine: | Benzocaine (tooth drops) | Hydrocortisone | Wax (for braces) |
| Expectorant: | Benadryl Triaminic | Neosynephrine | Afrin Dimetapp Sudafed |
| Eye Care: | Robitussin Mucinex | | |
| Gastrointestinal: | Artificial Tears | Wetting Drops | Visine/Murine |
| | Emetrol Imodium | Pepto-Bismol | Antacids (i.e. Tums, Mylanta, or Maalox) |
| Fungus: | Metamucil/Citrucel | laxative / stool softener of choice | |
| Sore Throat: | Lotrimin tolnaftate | clotrimazole | |
| Lice: | Cloraseptic Zinc | Swimmer's Ear: | Swimmer's Ear Drops |
| | "Rid" (Generic: Permethrin) | ***Children MUST be free of lice on arrival*** | |

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).**

<u>Dates</u>	<u>Camp Name</u>	<u>Speaker</u>	<u>Director</u>	<u>Camp</u>	<u>Check Each Week</u>
June 27 – July 3	(V1) Varsity Camp 1 Entering Grades 9-12	Aaron Renth	Chris Jimenez	V1	
July 4 – 10	(Y1) Youth Camp 1 Entering Grades 6-8	Phil Guikema	Rick Blount	Y1	
July 11 – 17	(J1) Junior Camp 1 Entering Grades 3-6	Dave Bosworth	Billy Skelton	J1	
July 18 – 24	(V2) Varsity Camp 2 Entering Grades 9-12	Larry Price	Frankie Gomez	V2	
July 25 – 31	(Y2) Youth Camp 2 Entering Grades 6-8	D. Dunlap	Brian Skelton	Y2	
Aug 1 – 7	(J2) Junior Camp 2 Entering Grades 3-6	Phil Miekley	Bill Fisher	J2	

Camp Tuition includes a \$50 per week - absolutely non-refundable Registration Processing Fee

<u>Description</u>	<u>Item</u>	<u>Amount</u>
Enter \$210 for one week or \$410 for two weeks (includes \$10 discount for 2 nd week)	Camp Tuition	+
<input type="checkbox"/> Week 1 (\$35) <input type="checkbox"/> Week 2 (\$35) <input type="checkbox"/> Both weeks (\$70)	Waterskiing	+
Week 1 (\$10.00) <input type="checkbox"/> To Camp <input type="checkbox"/> To Home Week 2 (\$10:00) <input type="checkbox"/> To Camp <input type="checkbox"/> To Home <input type="checkbox"/> Pembroke Pines <input type="checkbox"/> Boca Raton <input type="checkbox"/> Palm Beach Gardens <input type="checkbox"/> Port St. Lucie	South Florida Transportation	+
Please add the Convenience Fee if paying by Credit or Debit card	\$5.00 if applicable	+
<input type="checkbox"/> Send Three Payment Plan Info	Total Cost without Spending Money	SUBTOTAL
Minimum Payment: \$50 per week of camp	Total Amount Enclosed	ENCLOSED
<i>Discounts are applied after payment has been received. Assembly / Other Discount: _____</i>	BALANCE	=
<input type="checkbox"/> -\$10 per week: PAID IN FULL BY MAY 1 <input type="checkbox"/> -\$10 (each) 2 or more campers / same household	DISCOUNTS	-
FINAL BALANCE IS DUE 2-weeks prior to each week of camp registered	BALANCE DUE	=

SNACK-SHAK SPENDING MONEY: Only enter the amount that you are paying with your registration and only if paying in full.

<u>Spending Money (Pre-Paid)</u>	<u>Amt Week 1</u> _____ <u>Amt Week 2</u> _____	<u>Spending Money</u>
Tax Deductible Donations	<input type="checkbox"/> General Fund <input type="checkbox"/> Camper Assistance <input type="checkbox"/> Collegian Fund	Donation Amount

<input type="checkbox"/> MC <input type="checkbox"/> Visa Name on Card: _____	AMOUNT
Credit Card # _____ / _____ / _____ / _____ Expiration Date: _____	
Authorized Signature: _____	\$ _____

Credit / Debit card acceptance is for your convenience only.

A CONVENIENCE FEE OF \$5.00 WILL BE ADDED TO EACH TRANSACTION

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:

- The camper applying to Camp Horizon is in good physical and emotional health and willing to submit to camp authority, standards of behavior, and discipline.
- 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. **Conditions of custody, if applicable, will be fully communicated to Camp Horizon in writing.** Please notify shared guardians of your camp schedule.
- Camp Horizon is empowered to obtain emergency medical treatment for the camper if necessary and all expenses are the parent's responsibility.
- The health counselor (RN, LPN, Paramedic) may provide first aid and administer prescription and non prescription medications according to policy (see formulary pg 1).
- Camp Horizon 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, sailing trips, hikes on neighboring property, health-care visits, or other supervised outings unless notified otherwise in writing.
- If the camper violates any **Camp Horizon 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.**
- We take cabin photos and both video and still pictures of campers in action. Cabin Photos are published on the web. Pictures of activities are used for promotional purposes without any financial reward to the subject(s).
- We provide an address list to campers and staff that participate each week unless you notify us in writing otherwise or put a line through this statement and initial it.
- All camper belongings are subject to inspection. **Items that are not allowed at camp (i.e. cell phones / audio players) will be removed and placed in safe storage.**
- I/We release Evangelistic Horizons Unlimited Inc., its officers, employees, and volunteers from financial responsibility for injury sustained by my child while at Camp Horizon. Any claim or dispute arising from or related to this agreement shall be settled by mediation and, if necessary, legally binding arbitration in accordance with the *Rules of Procedure for Christian Conciliation* of the Institute for Christian Conciliation, a division of Peacemaker[®] Ministries (complete text of the Rules is available at www.HisPeace.org).

WATER-SKI / TUBING CONSENT

I/We, the parent or legal guardian of the camper named above and the named camper acknowledge that there are certain inherent risks associated with the sport of water-skiing / tubing and that we accept the consequences of those inherent risks. Further, we understand that the named minor must observe and obey the camp rules pertaining thereto and agree not to act in a reckless manner while participating. I/We give our consent for the named minor to participate in the water-ski / tubing program of Camp Horizon. If you DO NOT give permission for your child to water-ski or tube please put a line through the statement below and initial it.

My child **DOES** HAVE permission to water-ski / tube.

Signature of CAMPER "I agree to follow Camp Horizon's standard of conduct" Date

**BOTH
The Camper
AND The
Parent or
Legal Guardian
MUST SIGN**

ID CODE WORD:

Signature of PARENT or GUARDIAN HAVING LEGAL CUSTODY Date

*ID CODE: This is your telephone password. It identifies YOU as the caller inquiring about your child.