

YOUTH REGISTRATION FORM
Suwannee Holiness Camp Association

Yes, I wish to attend the Annual Camp Meeting at Suwannee this year.

1. I am 12 years of age, but not over 18 or graduated from high school.
2. I will attend all of the services.
3. I will sing in the Choir.
4. I will work one meal in the dining room, or some detail on the grounds or buildings.
5. I understand my cost at Camp for room and meals will be only \$55.00 (includes insurance fee).

Signed (teen) _____

(Please print the following:)

My parents are: _____

My name: _____

Address _____

City _____ State _____ Zip _____

Date of Birth _____ Home Phone No. _____

Emergency phone number other than home phone: _____

Mail application and \$25.00 *non-refundable deposit* to the registrar: JoAn Mills,

14126 S.W. 132Nd Place, Archer, FL 32618. Checks should be made payable to:

Suwannee Holiness Camp Association. Late registration fee-\$10.00

CAMP POLICY

- ALL campers are to comply with the designated hours of operation.
- ALL property is to be left in the same condition as found upon arrival.
- NO CHILD/TEEN MAY LEAVE THE CAMP WITHOUT PRIOR APPROVAL FROM A COUNSELOR.
- NO use of tobacco products
- NO intoxicating beverages or use of drugs.
- NO profanity or fireworks.

- PRIVATE CABINS are off limits to teens and children.
- CHRISTIAN MODESTY in regard to dress is to be practiced...
- Shoes must be worn to all scheduled services and meals.
- Dresses for girls & long pants for boys are to be worn to the Evening Services.
- NO Pets allowed on Camp Grounds. Suwannee Holiness Camp Association

Medical Release Form

I (parent or guardian, _____) hereby give permission for treatment to be given to my child (child's name) _____. This includes any medical treatment that is necessary for his/her good welfare. I further waive any right to hold the Suwannee Holiness Camp Association responsible for any accident or harm that might come to him/her during the duration of Camp Meeting. I also give permission for (child's name) _____ to take part in any swimming activity of which he/she might have the opportunity.

I have read and understand the above.

Signed _____ Date _____

Please list your child's blood type, any allergies to medication, any medicines that he/she is presently taking and any medical history of which we should be aware. _____

Signed _____

Notary Seal Required.

Notary Seal

Notary Public (Signature)

Commission # _____ Expires _____ / _____