

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

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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...
No Shorts or Skorts will be allowed in the Dining Hall or in Services (only recreation).
Absolutely no Tank Tops or Halter Tops allowed.
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 accidents 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.

If some type of swimming accident occurs, I the undersigned also waive my right to hold the Suwannee Holiness Camp Association responsible in any way.

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 _____/_____/_____