**2017 BEACH CAMP REGISTRATION FORM**

Lighthouse Beach Retreat

23370 Perdido Beach Blvd

Orange Beach, AL

Christian Church (Disciples of Christ) in

Alabama-Northwest Florida

**(Online Registration & Payment Available April 1st**

**at** [**www.alnwfldisciples.org**](http://www.alnwfldisciples.org)**)**

**PARTICIPANT'S INFORMATION – Please Print**

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

“Preferred Name” \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender: Male / Female

Age \_\_\_\_\_\_ Grade (just completed) \_\_\_\_\_\_\_\_\_\_

T Shirt Size \_\_\_\_\_

Birth Date \_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_

Church Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Camper’s Home Address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #1 (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_

Phone #2 (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_

Parent's Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Some days may involve off-site mission projects and field trips.* Please understand that by allowing your child to attend this camp, you are giving them permission to participate in these off-site events and be transported by the camp staff.

**Photography and Publicity Permission Form**

Every camp experience includes a group photograph which is given to all participants, used in a camp display, and posted on our website. Do you give permission for individual and small group pictures of your youth or child to be taken and posted on our website or used in publicity brochures and posters for future camps? If a choice is not marked, it will be assumed that your child’s photo CAN be used for publicity.

(Please Initial) Yes \_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_

**Registration Deadline: May 15th, 2017**

New Pricing Information for 2017 - Tiered Pricing

Tier #1 is Christian Church (DOC) in ALNWFL Summer Camp's historical rate. This rate is a heavily subsidized rate and does not reflect the full per-camper cost associated with providing summer camp programs.

Tier #2 is between the subsidized published camper rate and the full cost of providing a Christian Church (DOC) in ALNWFL summer camp program for each camper.

Tier #3 accounts for the full cost of providing a Christian Church (DOC) in ALNWFL summer camp program including the expenses of the volunteer counselors’ lodging, meals, and other expenses.

**Campers are encouraged to pay the rate that is possible based on your own circumstances. All campers receive the same camp experience, and the family’s decision is private and confidential. Visit** [**www.alnwfldisciples.org**](http://www.alnwfldisciples.org) **for more information.**

Based on the new tiered pricing, I am included the following payment for camp fees:

\_\_ Tier I ($285) \_\_Tier II ($335) \_\_Tier III ($385)

**Add $25 for Late Registration if After May 15th**

***Refund Policy for events sponsored by the***

***Alabama-Northwest Florida Region:***

(Approved by the Regional Board, February 20, 2010)

Refund Policy for events sponsored by the Alabama-Northwest Florida Region:

100% refund for emergencies, provided that notification is received prior to the

beginning of the event; 50% refund for emergencies in which notification(written) is made after the beginning of the event; 100% refund for non-emergencies if requested in writing at least seven days prior to the first day of the event; No refunds will be given for non-emergency cancellations after seven days prior to the beginning of the event. Written requests for refunds must be received by the Regional Office, 861 Highway 52, Helena, AL 35080 (email: [alnwfl@aol.com](mailto:alnwfl@aol.com)), within seven days of the last day of the event.

While refunds are not available other than as outlined in this policy, substitutions will be allowed as long as the original registrant, or responsible adult, is able to locate an eligible participant who is able to take the slot and as long as the original registrant, or responsible adult, communicates this information to the Regional office. The Region will not be responsible in assisting in identifying a substitute. Notification should be provided to the Regional Office as soon as possible and any substitute must complete the necessary paperwork prior to arrival at the event.

**Please mail this form with your full payment by to**:

*CHRISTIAN CHURCH (DISCIPLES OF CHRIST)*

*IN ALABAMA-NORTHWEST FLORIDA*

*861 HIGHWAY 52*

*HELENA, AL 35080*

**2017 COVENANT for Campers**

***CHRISTIAN CHURCH (DISCIPLES OF CHRIST)***

***IN ALABAMA-NORTHWEST FLORIDA***

*Please read (or have read to you) the following. Sign this covenant, obtain parent signature and mail with completed camp registration form and appropriate fees. Thank you for your help!*

* I will come to camp expecting to grow in my faith and in relationship with others, becoming a special part of the camp community. In order to do this, I covenant to follow all the rules and guidelines set by the Christian Church in Alabama Northwest Florida and any others set for this event. With this, I commit myself to the following: To be on time, attend and be attentive for all camp/conference activities and participate in them fully
* Have fun and make sure everyone else has a great time
* To respect each other regardless of age and to respect others’ feelings and thoughts
* I will not go from adult to adult until I get the answer I want
* Be myself and open to making new friends
* Be inclusive at all times
* Cooperate with the counselors, keynoter, director and other staff members at all times
* Be respectful of God’s beauty in this special place and only leave footprints behind
* To take all that I learn about God and share it with my friends, family and church

***Summer Camping Program Policies***

• Participants are expected to remain for the entire event. No one should expect to arrive late or leave early without prior permission from director. The only visitors will be those invited prior to camp by the director.

• No one, including counselors, will leave the camp without special arrangements with the director.

• All cars will be parked for the duration of the event. Keys will remain in the possession of the director.

• Events for youth in Alabama-Northwest Florida are “smoke free”.

• Possession or use of intoxicating beverages, drugs or marijuana is prohibited. Violators will be sent home.

• Stewardship of camp property is important. Camp must be left in as good or better shape than it was found upon arrival. Repair of damage to property will be paid by the person(s) responsible.

• Food must be kept out of the dorm area. If you have special foods, arrangements can be made with director.

• Dorms are off limits to members of the opposite sex.

• Offensive, insensitive and foul language is not acceptable.

• Technology is not encouraged at camp. If you must bring it to camp, you agree to use it only as allowed by your director, and you assume all liability for your technology.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Camper/Conferee Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature

(MUST BE SIGNED REGARDLESS OF AGE)

**2017 MEDICAL INFORMATION AND RELEASE**

**Please answer with (yes or no):**

* \_\_\_\_\_\_ Do you have any health problems?
* \_\_\_\_\_\_ Are you currently under the care of a physician or psychologist?
* \_\_\_\_\_\_ Do you expect to have any difficulty with normal event activities?
* \_\_\_\_\_\_ Do you have any food or other allergies?
* \_\_\_\_\_\_ Do you take any prescription medication?

***(If “YES” To any******of the Above Questions, Please Explain Below or attach a separate letter describing the camper(s)’ health situation)***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Detail Any Special Medical or Other Concerns

(if more room is needed, please attach a sheet to this form)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will you allow appropriate over-the-counter

medications to be given as needed? \_\_ Yes \_\_\_ No

***SIGNATURE, AGREEMENT AND RELEASE:***

In case of emergency, I hereby give permission to the physician selected by the camp director to hospitalize, order injections, anesthesia or surgery for the child named above in order to secure necessary, proper medical care. I understand that I will be contacted immediately in the event that something unforeseen happens requiring my attention. I release the YMCA-Hargis Retreat staff and management, camp directors and counselors, and the Christian Church (Disciples of Christ) in Alabama-Northwest Florida and its staff, from all responsibilities in case of sickness or accidents causing injury occurring during camp. I have provided proof of insurance to those in charge.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian

(Signature required regardless of age of camper)

**Emergency Contact(s) Name & Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Verification of Insurance:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Insurance Company, Address and Telephone Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Member Name Member ID

**THIS MEDICAL FORM MUST BE COMPLETED TO PROCESS YOUR REGISTRATION**