



2019 Summer Camp Registration Form

7305 County Rd. 78
Ft. Denaud, FL 33935
863-675-0334
Fax: 863-675-1411
www.flriverside.org

Camper Info

Camper Name: _____ Age: _____ Gender: M F
Camper's Birthdate: _____ Camper's Grade in Fall 2019: _____
Campers Ethnicity (optional, used for statistical purposes only): Asian African American Caribbean
 Haitian Hispanic Native American Pacific Islander White Other

Family Info (Guardian 1 will be considered the primary contact for your camper)

Guardian 1 Name: _____ Cell Phone: _____
Home Phone: _____ Work Phone: _____
Email Address: _____
Mailing Address: _____
Lives with Guardian: Full Time Part Time
Guardian 2 Name: _____ Cell Phone: _____
Home Phone: _____ Work Phone: _____
Email Address: _____
Mailing Address: _____
Lives with Guardian: Full Time Part Time May camper be released to this guardian? Yes No

Emergency Contact/Camper Release:

Please list 2 people other than the guardians we could contact in case either guardian cannot be reached in an emergency. These 2 people also serve as alternate adults we can release your camper to.

Name	Cell Phone Number	Relationship to Camper
1. _____	_____	_____
2. _____	_____	_____

Church Info: What church do you normally attend?

Church Name: _____ Location: _____

Choosing a Camp Session

Please select the weeks for which you wish to register your camper.

A deposit is required to secure each session reservation for your camper. The deposit goes towards your camp balance. It is not additional to the camp fee. **Please note a deposit is required for everyone, including scholarship applicants/recipients.**

Resident Camp

- June 16-21
- June 23-28
- June 30 – July 5
- July 7-12

Day Camp

- June 3-7
- June 10-14
- June 17-21
- June 24-28
- July 1-5
- July 8-12
- July 15-19
- July 22-26
- July 29-August 2
- August 5-9

Bunkmate/Group Request: Campers may request a bunkmate provided both campers request each other on their applications, are the same age and gender and are registered for the same week.

Camper's Name Requested: _____

Payment Summary

Use the following tables to help determine payment. Please make checks payable to Riverside Camp & Retreat Center.

Total Camp Tuition for this Camper

of Day Camp Weeks _____ x \$120 = \$ _____

of Resident Camp Weeks _____ x \$405 = \$ _____

Leader in Training \$960 = \$ _____

TOTAL = \$ _____

Total Deposit for this Camper

of Day Camp Weeks _____ x \$30 = \$ _____

of Resident Camp Weeks _____ x \$50 = \$ _____

LIT Deposit 1 x \$50 = \$ _____

TOTAL = \$ _____

Photo Release: I give permission and consent for _____ to allow photographs to be taken during camp session activities. I further give permission and consent that any such photographs may be published in print and social media to be used by Riverside Camp & Retreat Center and the Florida Conference of the United Methodist Church to illustrate and promote the camp experience, and its camp programs.

Parent/Guardian Signature: _____ Date: _____

Authorized Signature of Parent/Guardian

Your signature confirms that you have read and agree to the policies and consents of the Riverside Summer Camp Program, which can be found at www.flriverside.org.

Parent/Guardian Signature: _____ Date: _____

-Office Use Only-

Balance Due

\$ _____ Total Expected Tuition

\$ _____ Total Deposit

\$ _____ Balance Due

-Office Use Only-

____ Entered

____ Deposit Paid