

Florida Elks Youth Camp Summer Camp 2016



"No man stands so tall as he who stoops to help a child."

Our camp is open to boys and girls ages 9 through 13 from the state of Florida. We provide a week of outdoor activities and fun that is **electronics free**—no cell phones, video games, TV, or computers! It is a private camp, but this simply means you need to contact your local Elks Lodge as sponsors to complete your application. If you are sending boys and/or girls from the same family, be sure to note this on page 3 so that they can be placed in the same week. Be advised that our program is based on a one-week repeating schedule of activities. Please take this into consideration when signing up your child(ren) for more than one session.

Our registration will be following a first-come, first-serve format of **completed applications**. Campers will not be processed by the Florida Elks Youth Camp until a completed application—which includes the medical form and the Lodge sponsor information located on page 3—is received. You may submit your application in one of two ways:

1. Mail in the original completed application (make and keep a copy for your records)
OR cecsuncoast176chapter@gmail.com
2. Scan your application as a PDF and email it to camp2016@feyc.org (only PDFs will be accepted). If you choose this option, please keep your original application and bring it with you to check-in.

Please note, faxed copies are not accepted. As in the past, we expect camp registration to fill quickly. Please, have all applications in **no later than May 2nd** to reserve a spot for your camper! Again, only completed applications will be accepted.

~~Mail application(s) to:
Attn: Camp Director
Florida Elks Youth Camp
24175 SE Hwy 450
Umatilla, FL 32784~~

For questions, please email:
Camp Director
camp2016@feyc.org

While the Camp does NOT provide transportation of any kind, many Elks Lodges DO! Be sure to check with your local Lodge for information.

Finally, due to the large number of campers, email is our primary means of communication. **Print your email address clearly on the application**, and **be sure** to add camp2016@feyc.org to your contacts list to avoid us being marked as spam! This will ensure that you receive your child's enrollment confirmation and will allow you to get answers to any questions.

We look forward to your children attending camp!

Lynn Warburton, Director

Application Deadline is May 2nd, 2016

Camp Dress Code

Please arrive to camp in proper camp attire.

In order to maintain a safe camp environment, campers and staff at FEYC must adhere to certain dress guidelines. Shoes will be worn at all times outside of the cabin and pool area. Shoes must have closed toes and heels, must be tied, and cannot include “wheelies.” Flip flops and Crocs are prohibited outside of the cabin. All clothing will be of a length appropriate for active play and will not display any suggestive/inappropriate messages or logos. Skirts are not appropriate for camp activities. Also, shirts must have sleeves of some type. Finally, any piercings beyond the ears must be covered or removed—we do not recommend any large or “dangling” earrings.

Suggested Packing List – NOT Mandatory

Please keep this page for your records

Clothing

- 7 T-shirts (must have some type of sleeve)
- 7 pairs of shorts
- 1 pair of long shorts for ropes course
- 1 pair of jeans (optional for bonfire)
- Pajamas
- 7 pairs of underwear (minimum)
- 7 pairs of socks (minimum)
- Swimsuit (swim once a day)
- 1 pair of sneakers for activities
- 1 pair of old sneakers or water shoes

Bedding & Linen

- Fitted and flat sheet and blanket for twin bed
- OR a sleeping bag
- Pillow and pillow case
- Washcloth
- 2 towels (pool and shower)

Toiletries

- Shampoo and conditioner
- Soap
- Toothbrush and toothpaste
- Hairbrush (ties if needed)
- Deodorant
- Sunscreen
- Insect repellent
- Prescription medicines ****All prescriptions must be in their original, unexpired container***

Optional

- Stationary, stamps, envelopes
- Disposable camera (not digital)
- Flashlight
- Book (not digital)

The Following Items are NOT Allowed

- Cell phones
- Radios, CD players, mp3 players, and TVs
- Video games (Nintendo DS, handheld games)
- Jewelry
- Curling irons, blow dryers, and hair straighteners
- Makeup and nail polish
- Perfumes and body sprays
- Drinks of any kind
- Gum and/or food
- Sporting or fishing equipment
- Any aerosol products
- Spaghetti strap tops, sleeveless tops, and Soffe shorts
- Flip flops, sandals, Crocs, and 5-fingered shoes (at least outside of the cabin)
- Skirts
- Anything sentimental or collectible that can not be replaced

Any items that are not camp appropriate, including those listed above, WILL be confiscated on Sunday and returned Saturday morning. Any cell phones will be returned to the parent when the camper is signed out.

Special Note

As you are leaving camp on Saturday, we are preparing for new campers on Sunday. **If your child leaves any items at the camp, please email camp2016@feyc.org by that Saturday evening if you want the items shipped home.**

Otherwise, all leftover items are discarded Sunday morning.

FEYC Camper Application

Summer Camp 2016

Application Deadline is ~~May 2nd, 2016~~ June 6, 2016

Please print clearly using blue or black ink

Florida

Elks

Youth Camp



Lodge Information This is a required section.

FEYC is a private camp. Any child wishing to attend **MUST** obtain permission from any Florida Elks Lodge. Don't hesitate to call your local Lodge! To find one near you, visit www.elks.org and use the Lodge Finder or email us at camp2016@feyc.org

Lodge Number 1224	Lodge Name St Petersburg	Sponsoring Member Number -----	Sponsoring Member Name -----
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Camper Information

Last Name		First Name		Middle Initial
Date of Birth ____/____/____	Age at Camp	Sex Male Female	Shirt Size Adult: S M L XL	
Street Address		City	State	Zip Code

Full names of all siblings attending the same Sessions

Parent / Guardian Information

Full Name	Relationship to Camper	Email	
Cell Phone	Do you receive texts: Yes / No	Phone #2	
Street Address (if different from Camper)	City	State	Zip Code

Summer Camp Session Information

Session Dates

Week 7 July 31-August 6

~~Week 1 June 19 - June 25~~ ~~Week 4 July 10 - July 16~~
~~Week 2 June 26 - July 2~~ ~~Week 5 July 17 - July 23~~
~~Week 3 July 3 - July 9~~ ~~Week 6 July 24 - July 30~~

FEYC will not take cabin requests of any kind. Campers are randomly assigned cabins by age.

Total # of Sessions	Please list, in order of preference, your Camper's top three Session choices: Week ____ Week ____ Week ____
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~~Payment Information~~

~~Cost is \$180.00 per week per camper. Please include payment with application.~~

Personal Check # _____	Lodge Check # _____	Campership # _____
OR		
Credit Card Visa MasterCard Discover American Express	Name as it appears on card	Amount
Card Number	Signature	Expiration Date ____/____
Billing Address (if different from above)	City	State Zip Code

Office Use Only:

Date Rec'd _____ Rec'd by _____ Camper# _____ Scanned _____
 Missing _____

FEYC Camper Application Summer Camp 2016

Camper Last Name	Camper First Name
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Alternate Contact and Pick-up Permission

Remember, a photo ID is required by anyone (including parents/guardians) picking up a camper.

Please list, in order of preference, any other adult that has your permission to pick up your camper from the Florida Elks Youth Camp. This will also constitute an Emergency Contact list for the camp. It is **required** that you list at least 1 adult other than yourself.

Last Name	First Name	Relationship	Primary Phone #
Last Name	First Name	Relationship	Primary Phone #
Last Name	First Name	Relationship	Primary Phone #

Restricted Contact

The following individual(s) are **NOT** allowed to have any contact with my camper at any time. If an individual listed is a natural parent of the camper, please provide the name and date of the entry of a Court Order, which authorizes your exclusive custody or prohibits such conduct by said parent.

Last Name	First Name	Relationship	Court Information
Last Name	First Name	Relationship	Court Information
Last Name	First Name	Relationship	Court Information

Photographic Permission

The Florida Elks Youth Camp utilizes photographs and video taping of camp activities and campers in their promotional materials. Please initial one of the following statements and sign below.

Initials	I hereby give my permission for my child to be photographed or videotaped while staying and participating in the activities at the Florida Elks Youth Camp. I also give my permission for those photographs or video tapings to be used without charge by the Florida Elks Youth Camp for promotional materials.		
Initials	I DO NOT give my permission for my child to be photographed or videotaped by the Florida Elks Youth Camp in their promotional materials.		
Signature		Relationship	Date

FEYC Camper Application

Summer Camp 2016

Camper Last Name	Camper First Name
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Health History Form

To be completed by the Parent or Legal Guardian, NOT a doctor.

Please answer all questions below. If you answer "Yes" to any question, please add an explanation.

1) Does your child have any past or current condition (physical, mental, or psychological), including injuries, which may affect his or her stay at camp?

Yes / No

If "yes" please explain.

2) Are there any activities that your child will not be able to participate in during camp?
Please see the Camp Activity List at the end of this form.

Yes / No

If "yes" please explain.

3) Does your child regularly take any medications, including all over-the-counter medication?
All medications must be brought in the original, labeled package and CANNOT be expired.

Yes / No

If "yes" please explain.

4) Does your child have any problems sleeping, such as: sleep walking, bedwetting, sleep apnea, etc.?
Remember, the more information you give us, the more we can do to HELP your child at camp!

Yes / No

If "yes" please explain.

5) Has your child traveled outside of the United States in the past 9 months?

Yes / No

If "yes" please explain.

6) Has your child ever been hospitalized?

Yes / No

If "yes" please explain.

7) Has your child ever been treated for or diagnosed with asthma, diabetes, or seizures?

Yes / No

If "yes" please explain.

8) Has your child ever been treated for emotional or behavioral difficulties or an eating disorder?

Yes / No

If "yes" please explain.

Health History Form (continued)		Camper Last Name	Camper First Name
9) During the past 12 months, has your child seen a professional to address mental/emotional health concerns?			
Yes / No	If "yes" please explain.		
10) Has your child ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (ADHD)?			
Yes / No	If "yes" please explain.		
11) Is there any additional information you think is important or that may affect your child's ability to participate at camp? For instance: <i>Is this your child's first time away from home? Do you expect homesickness? What are your thoughts on this?</i>			
Yes / No	If "yes" please explain.		
12) Does your child have any dietary restrictions or allergies? (i.e. does not eat pork, dairy, eggs or is allergic to bees, ants, etc.)			
Yes / No	If "yes" please explain.		
Parent/Guardian Name		Parent/Guardian Signature	Date

Florida Elks Youth Camp's List of Possible Activities at Camp

The following is a list of possible activities your child might participate in at camp. Please note that not all activities are guaranteed or limited to this list. Also, alternative activities are not provided. Participation is expected in every activity at camp. Campers do not have to be experts. Many kids come to camp to learn new group activities. All activities are supervised by camp staff.

Physical Activities:

- Football
- Capture the Flag
- Softball
- Soccer
- Kickball
- Tag games
- Basketball
- Volleyball
- Swimming in a chlorinated pool
- Canoeing or paddle boating in a lake (no swimming is allowed in the lake)
- Archery
- Ropes course (this involves climbing, but is not a mandatory activity, please see page 9 for Ropes Participation agreement)
- Slip-n-Slide
- Water bombardment (played with foam balls soaked in water)

The following non-physical activities are possible as well:

- Tie-Dye
- Coloring shirts (using t-shirt markers)
- Leatherwork (leather, leather tools, permanent markers)
- Lanyards (using lanyard string)
- Camp-wide movie (rated PG)

FEYC Camper Application

Summer Camp 2016

Camper Last Name	Camper First Name
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Authorization & Waiver by Parent(s) or Legal Guardian(s) of Minor Child

I am aware that normal and usual athletic and sports-related activities have certain inherent risks and may cause injury to participants. However, I want my child/ward to participate in the Florida Elks Youth Camp, Inc. ("the Camp") sponsored lessons, practices, games, exhibitions, tournaments, competitions, and other events ("the Activities"), and I give my unqualified permission and consent for my child/ward to participate in the Activities, subject only to any specific limitations noted below.

My child/ward has the necessary skills and is able to participate in all reasonably anticipated aspects of the Activities except as noted below. The nature of the Activities has already been fully disclosed to me, and any brochure, flyer, or announcement relating to the Activities is expressly made a part of this Authorization & Waiver.

I, on behalf of my child/ward hereby indemnify, release, hold harmless, and forever discharge the Camp and it's agents, employees, officers, directors, affiliated, successors, and assigns, of and from any and all claims, demands, debts, contracts, expenses, causes of action, lawsuits, damages, and liabilities of every kind and nature, whether known or unknown, in law or equity, that I or my child/ward ever had or may have, arising from or in any way related to my child/ward's participation in any or the Activities conducted by, on the premises by or at the request of the Camp. The undersigned specifically agrees that either Lake County or Marion County, Florida shall be the appropriate venue to litigate any controversy that arises out of or relates to this Authorization & Waiver or the alleged breach of it and that cannot be settled by the parties alone.

The Florida Elks Youth Camp reserves the right to refuse admission of or limit the activities of a camper with a communicable disease.

I understand that an acute or emergency condition or illness involving my child/ward might arise during my child/ward's stay at the Camp. In such circumstances, in the event that I am unable to be contacted, I authorize the transportation and treatment of my child/ward if, in the opinion of an attending medical professional or the Camp's staff, such treatment is warranted, I further hereby give my permission for the Camp's medical professional to treat the minor daily injuries that my child/ward might receive.

This Authorization & Waiver is binding upon me, my heirs, executors, legal representatives, successors, and assigns. The provisions of this Authorization & Waiver will continue in full force and effect even after the termination of the Camp whether by agreement, by operation of law, or otherwise. This Authorization & Waiver is governed by the laws of the State of Florida and it is intended to be as broad and inclusive as is permitted by those laws. If any provision of this Authorization & Waiver is held invalid or enforceable by a court of competent jurisdiction, the remaining provisions will continue to be fully effective. This Authorization & Waiver contains the entire agreement between the undersigned and the Camp, and supersedes any prior written or oral agreement between them concerning the subject matter of this Authorization & Waiver. The provisions of this Authorization & Waiver may be waived, altered, amended, or repealed, in whole or in part, only upon the prior written consent of all parties.

Medical Conditions: My child/ward is subject to the following allergies or medical conditions, and I authorize the Camp to disclose such allergies or medical conditions to a physician in the event my child/ward should require emergency medical care. Describe allergies or medical conditions with specificity (please print below and attach additional pages if needed):

Medications: My child/ward is currently taking the following medications (please print below and attach additional pages if needed):

Medical Insurance Company name (please print below):

Medical Insurance Policy Number (please print below):

Prohibited Activities: As a result of the medical conditions described above, or for other reasons, I do NOT want my child/ward to engage in any of the following activities. Describe with specificity (please print below and attach additional pages if needed):

I am of lawful age and legally competent to sign this Authorization & Waiver. I understand the terms of this Authorization & Waiver, and I have willingly signed it as my own free act.

Parent/Guardian Name	Parent/Guardian Signature	Date	
Street Address	City	State	Zip Code
Relationship to Child	Primary Phone #	Secondary Phone #	

FEYC Camper Application

Summer Camp 2016

Camper Last Name	Camper First Name
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Rules & Regulations

1. Campers are **never** to touch another camper or staff member for any reason.
2. Use of foul language or of derogatory remarks at camp is prohibited.
3. Campers must not take or pick up another's clothes, equipment or belongings. If this happens tell a counselor.
4. Camp is not responsible for any misplaced, lost or stolen items. This includes sentimental items.
5. A lifejacket and appropriate footwear (old sneakers/water shoes) must be worn at all times while at the lake.
6. A parent, guardian, or authorized person must be present with a photo ID during all sign in and sign out procedures. If you are going home early, management must be notified in person or in writing prior to pick up. **PARENTS MUST SIGN CAMPERS OUT IN THE INFIRMARY WHEN PICKING UP FOR EARLY DEPARTURE.**
7. Regular drop off and pick up is in the Pavilion. During pick up, all adults and campers are required to remain in the Pavilion.
8. Campers may not leave the grounds unless they have been signed out and are leaving with an authorized person. Campers are never to go anywhere by themselves.
9. Pets are NOT allowed on property at any time.
10. Weapons, drugs and alcohol are prohibited.
11. Campers must attend assigned activities. There is no skipping one activity for another.
12. If a camper has a disciplinary problem, he or she will speak with the cabin counselor. If the problem persists, the camper will be directed to the Tracker or camp management. A parent will be called as a last resort. These steps will be followed depending on the severity of the problem.

TOGETHER, we have read the above rules and regulations, and we agree to abide by them at all times while at Camp. If the camper is dismissed during the camp week for breaking any of these rules or regulations, a refund will NOT be granted under any circumstances.	
Camper Signature	Date
Parent/Guardian Signature	Date
As the parent/guardian of the above camper, I understand that disruptive behavior (i.e. fighting, defiance, unwillingness to participate in daily activities, refusing medication, not eating, etc.) constitutes a necessity for me, the parent/guardian, to pick up my camper immediately from the Camp in any and all of these circumstances.	
Parent/Guardian Signature	Date

FEYC Camper Application

Summer Camp 2016

Camper Last Name	Camper First Name
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Challenge Course Participation Agreement & Assumption of Risk

1. As the Camper and Participant, I understand that the Florida Elks Youth Camp's Ropes Challenge Course is an outdoor adventure activity and that certain known and unknown inherent risks may exist in relation to this unique activity.
2. I understand that some, but not all, of the risks may include:
 - extreme temperature or weather conditions
 - bruises and/or scrapes to body
 - risk of falling and/or equipment failure
 - bee stings or insect bites
 - emotional distress
 - heat exhaustion-heat stroke
 - serious injury
 - physically difficult conditions
3. I understand that the Florida Elks Youth Camp operates all programs on a **Challenge by Choice** basis. I understand that I am free to choose **NOT** to participate in any activity or **PART OF** any activity that I do not want to participate in. I understand that I will be fully supported in my choice.
4. I understand that the Florida Elks Youth Camp's Ropes Challenge Course staff will meet professionally accepted standards of care and safety. I understand that safety rules will be discussed throughout the day and it is my responsibility to ensure that I understand and follow all safety guidelines.
5. I understand that it is my responsibility to inform the Florida Elks Youth Camp staff of any and all physical limitations, liabilities, or injuries including but not limited to: neck and back problems, recent surgery, allergies and any other medical situations.
6. I understand that the Florida Elks Youth Camp, its staff, employees, independent contractors and associates shall not be held liable or responsible in any way to me for bodily injury, illness (whether mental or physical), property damage or loss. The terms hereof shall serve as a release and assumption of risk for myself and all members of my family. Should the Florida Elks Youth Camp, or anyone acting on its behalf, be required to incur attorney's fees to enforce this agreement, I agree to indemnify and reimburse them for such fees and costs.
7. Specifically exempted from this release are any injuries caused by the gross negligence of any Florida Elks Youth Camp staff as it specifically relates to the Ropes Challenge Course safety procedures.

I have read, understood, and accepted the conditions stated herein and hereby accept the challenge of the Florida Elks Youth Camp Ropes Challenge Course Program.

Camper Signature	Date
Parent/Guardian Signature	Date

FEYC Camper Application

Summer Camp 2016

Camper Last Name	Camper First Name
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Professional Health Care Evaluation & Physical Exam

To be completed by Licensed Medical Personnel. Remember, instead of completing this page, you *can* submit any physical conducted within 1 year of camp—including school physicals—and a current shot record.

Date of Exam					
Date of Birth	Age	Sex	BP	Weight	Height
The applicant is under the care of a physician for the following conditions:			Current treatment at the time of this report includes:		
Recommendations and Restrictions at Camp			Medications to be administered at Camp (name, dosage, freq):		
Treatment to be continued at Camp:					
Known allergies (food, medication, or other):			Description of any limitation or restriction on camp activities:		
The following dietary restrictions apply to this individual:			Additional information for health care staff at the Camp:		

Vaccinations & Immunizations

Please list the most recent dates (MO/YR) for each:

DTP	TD (tetanus/diphtheria)	Tetanus	Polio	BCG
MMR	Haemophilus Influenza B	Hepatitis B	Varicella (chicken pox)	

Required Section

I have examined the above applicant, and it is my opinion that:

He/she ☐ is ☐ is not able to participate in an active camp program.

Printed Full Name	Signature	Date	
Street Address	City	State	Zip Code
Title	Primary Phone #		