



Camp Dates: July 16th-20th

Early Registration Price \$395.00

Early Registration Deadline: June 24th

--SENIOR DISCOUNT: \$100 OFF PRICE

NAME: _____ D.O.B _____

GENDER: M F

T-SHIRT SIZE: S M L XL XXL

TEEN Cell NUMBER: _____

PARENT Cell NUMBER: _____

ADDRESS: _____ APT.# _____

CITY: _____ EMAIL: _____

STATE: _____ ZIP CODE: _____

PAYMENT OPTIONS

1. CHECK #: _____ AMOUNT: _____

2. CASH: _____ AMOUNT: _____

3. CREDIT CARD: _____ AMOUNT: _____

(TO PAY BY CREDIT CARD, PLEASE FILL OUT CC INFO ON A SEPARATE GIVING ENVELOPE AND ATTACH)

4. ONLINE: ECCC.US via SECURE Give (Memo: Youth Camp- Student Name)



MEDICAL INFORMATION AND LIABILITY RELEASE FORM

THE NEW THING CAMP 2018 - JULY 16th-20th

1. List any diseases, physical or mental limitations

2. Medications currently taken and purpose

3. Allergies (Food, Medical, Insects, Etc.)

4. Restricted Activities

5. Family Physician

6. Physician's Phone

7. Family Medical Insurance carrier and Policy Number

8. Parent/Guardian Name: _____

9. Parent/Guardian Phone Number: _____

In consideration for my child _____ **(CHILD'S FULL LEGAL NAME)**

_____ **(DATE OF BIRTH)** being accepted for participation in camping at Camp Kulaqua, High Springs, FL. We (I) do hereby release, forever discharge, and agree to hold harmless East Coast Christian Center the directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in above described trip or activity.

Furthermore we (I) hereby assume all risk of personal injury, sickness, death, damage and expenses as a result of participation in recreation activities involves therein. Further, authorization and permission is hereby given to East Coast Christian Center to furnish any necessary transportation, food and lodging for this participant. The undersigned further hereby agree to hold harmless and indemnify East Coast Christian Center, its directors, employees and agents, for any liability sustained by said as the result of negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto. We (I) are parent(s) or legal guardian(s) of this participant, and hereby grant our (my) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not in limitation or emergency surgery or medical treatment, and assume the responsibility of all medical bills. Further, should it be necessary for participant to return home due to medical reasons, disciplinary action or otherwise, we (I) hereby assume all transportation costs. If a dispute over this agreement or any claim for damage arises, the participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable arbitration process. We (I) hereby grant our permission to said church to use any photographs or video tape of our (my) child for promotional uses.

Signature of Parent or Guardian

Date



Participant Agreement

RELEASE, EXPRESS ASSUMPTION OF RISK,
CONSENT, WAIVER, & INDEMNITY AGREEMENT

READ CAREFULLY THESE IMPORTANT CONDITIONS FOR
PARTICIPATION THAT AFFECT YOUR RIGHTS AND OUR LIABILITY

(Initial and sign below to confirm your agreement)

In consideration for the opportunity to participate in the adventure recreational services, consisting of cables, lanyards, harnesses, pulleys, elevated walkways and platforms, powerfan rapid descent machine, climbing walls and zipline, provided by the Florida Conference of Seventh Day Adventists d/b/a Camp Kulaqua, I, the undersigned participant, hereby acknowledge and agree:

_____ I understand that, although uncommon, risks of serious injuries, illness, or death always exist, and cannot be eliminated in adventure recreational activities such as these, due to falls, to contact with objects, other persons, or the environment, or to moving and motion from being transported in the activities; and that there can be risks of emotional or psychological injury or distress, resulting from personal touching, whether necessary, unwelcome, or inadvertent, in the preparation for participation, as well as a range of emotions from simple hurt feelings to panic or psychological trauma (such as fear of heights).

_____ I expressly hereby assume the risk of such injury, illness or death, that may occur as a result of my participation in the activities, whether resulting from the negligence of any party, including myself, and also even the negligence on the part of Camp Kulaqua, its respective employees, officers, directors, stockholders, agents, successors-in-interest, tower engineers, and contractors, and assigns (Released Parties) themselves, whether passive or active.

_____ I represent and agree that I am in reasonably good health and physical condition, weigh not less than 65 lbs nor more than 250 lbs, am appropriately dressed, am not pregnant, have no existing injuries or limitations, have no musculoskeletal disorders, have no heart condition or condition of hemophilia, do not have epilepsy or other seizure disorders, and am not under the influence of alcohol, or any drug, prescription or illegal, or any other substance that would affect or impair my judgment in order to participate in the adventure recreational activities provided by Camp Kulaqua.

_____ I hereby waive and release, discharge, and covenant not to sue, forever, Released Parties for any claims of liability against them, whether for any injury, death, loss, or other damages to myself, my family, my heirs, or my assign, and representatives.

_____ By signing this Release, Express Assumption of Risks, Consent, Waivers, & Indemnity Agreement, I hereby acknowledge that I understand the conditions stated in it, and that my participation in the recreational activities provided is solely based on those conditions and my agreement to them.

_____ I further agree to save, defend, indemnify, and hold harmless (i.e., defend and pay, including costs and attorneys fee, including appellate proceedings) Released Parties from any claim or lawsuit by me, or by anyone purporting to act on my behalf, my family, my estate, my heirs, or my assigns, for damage, injury, or death, arising directly or indirectly out of my choice to participate in the recreational activities provided.

_____ I intend that this Agreement be enforceable to the fullest extent provided by law, and in the event that any of the terms set forth in this Agreement or any word, phrase, clause, sentence (including without limitation any geographic, temporal, or participatory restrictions), part, or provision should be found to be illegal, void, or unenforceable for any reason, such word, phrase, clause, sentence, part, or provision shall be modified or deleted in such manner as otherwise required, in to extend the fullest effects, rights, duties, and protections under this Agreement, as so modified, so that the validity of the remaining words, phrases, clauses, sentences, parts, and provisions shall not be affected thereby and shall be deemed, interpreted, and enforced, as being severable and independent from such illegal, void, or unenforceable provisions, and said illegal or invalid part, term or provision shall be deemed not to be a part of this Agreement and all other valid provisions shall survive and continue to bind the parties, and be interpreted and enforced, as if such illegal, void, or unenforceable provisions were never a part of this Agreement.

_____ This Agreement shall be interpreted and enforced according to the laws of the State of Florida, notwithstanding the choice-of-law rules or conflicts of laws principles of this State, or of any other state, territory, province, or nation; and any claim or action relating to, or arising out of, this Agreement may be brought only in a court located in, or comprising, Alachua County, Florida; and only after participation in a presuit mediation conference, which is a prerequisite condition to bringing suit.

_____ I agree to follow and comply with all conditions, rules, and directions by Released Parties, and that failure to do so is reasonable basis to be excluded from participation in the recreational activities provided.

_____ The information below evidences that I am of lawful age and legally competent to agree to, and sign this Agreement, and I have read and fully understand it, and knowingly and voluntarily sign it.

Full Name: _____ DOB: ____/____/____ Age: _____ Height: _____ Weight: _____

Address: _____ City: _____ State: _____

Participant's Signature: _____ Today's Date: _____

For children under 18, parent/legal guardian's signature: _____



July 16th-20th

Important Information for Campers & Parents

Location: Camp Kulaqua- 23400 NW 212 Ave High Springs FL. 32643

Departure: July 16th, 9:30 AM at East Coast Christian Center, 680 North Courtenay Parkway Merritt Island, FL 32953

Pick Up: July 20th around 2:30pm at East Coast Christian Center, Merritt Island FL.

***Medical Release Forms & Camper Medications:** Every camper **must** fill out a medical release form and check in all medications. An adult leader will administer all medications to your camper.

***Camp Kulaqua waiver form:** Every camper **must** fill out a waiver from Camp Kulaqua to participate in activities at Camp Kulaqua.

***Registration Form:** Each Camper **must** fill out registration form.

Money at Camp: Your child will be responsible for carrying their own money. There is a store at camp; t-shirts, candy, drinks and snacks may be purchased at the camp store.

Rooms: Your child will be accompanied by 2 adult leaders in their cabin. Your child may request to room with a friend. This friend must be of the same gender. TNT staff reserves the right to modify friend requests based on the circumstance and well being of your child or the other children.

Sleeping Bags: The use of a sleeping bag will be **REQUIRED** for all students attending camp. Please do not send blankets. **There will be no exceptions to this rule.**

Contact your Child: If an emergency occurs and you cannot reach your child please contact

Camp Kulaqua (386)454-1351 or

TNT Administrator, Hannah Pannell (321) 5063850 or Pastor Keith Alderman (321) 213-0199

***forms to be turned in**



What to bring to camp:

NOTE: Mark everything with your name on it! Use a permanent marker that won't wash out! We also suggest packing clean clothes in a large ziplock bag to keep them clean and dry.

- BIBLE
- PACK A LUNCH FOR THE BUS RIDE TO CAMP KULAQUA
- 1 Sleeping Bag **(REQUIRED ITEM)** and 1 Pillow & pillow case
- 1 sweatshirt/jacket
- 1 Raincoat or Poncho
- 2 **modest** swimsuits- (If you bring a two piece, bring a rash guard or t-shirt to wear over it.)
- 2 Sets of pajamas
- 5 days worth of clothes (shorts, t-shirts, jeans, undergarments)
- 3 set of clothes that can be ruined
- 3 towels
- 1 pair of tennis shoes that can get ruined AND 1 pair of water shoes or flip flops
- Toiletries- Please bring soap, deodorant, toothbrush and toothpaste!
- Sunscreen, insect repellent, camera

What not to bring:

--Cigarettes, Drugs, alcohol **(ALL PRESCRIPTION MEDS MUST BE CHECKED IN UPON ARRIVAL MONDAY MORNING)**

--Two piece bathing suit without a t-shirt or rash guard (If you do, we will give you a big black t shirt to wear over it.)

--Bad attitude

--Pets-Please leave your pets at home!

--Fireworks, balloons or anything used for practical jokes or room wars

*Room inspections will be done at random while at camp. If a student is caught bringing a forbidden item, it will be confiscated and disciplinary action may be taken.