

Survivor Camp Beach Edition

Monday, July 17 - Friday, July 21, 2023
from 8:30 a.m. – 3:00 p.m.

Dear Parents & Survivors,

Welcome to Survivor Camp at St. Paul's Church! Marianne Day, co-director, has been a big fan of the show Survivor and has applied many times. Since she has never been chosen to be part of the cast, she has facilitated a "Survivor Camp" since 2004 for kids ages 9-15 and it is BLAST! Your child will learn some basic survival skills, responsibility and teamwork. Survivors will participate in a variety of 'Challenges' that require physical and mental fortitude and being open to new experiences. Most importantly, they will learn and use God's word to help them persevere throughout the week. **NO ONE GETS VOTED OFF THE ISLAND.** Survivors will accrue points for challenges and a SOUL SURVIVOR will be named and awarded \$50.00 at the end of the week. **Some play for fun, some play to win. It's their choice.**

Safety is first and foremost:

- Please discuss and require your child to follow all directions and rules we will set out for them.
- Please be certain that your child has **sunscreen applied BEFORE** coming to camp each morning.
- Both swimming and kayaking are part of the week's activities. We will conduct a swim test on Monday to evaluate your child's level of swimming and modify challenges if necessary.
- Please let us know of any allergies or special needs your child may have.

Each child needs to wear:

- Bathing suit with shorts and a T-shirt or tank top as well as water shoes

What to Bring (in a bag or a backpack labeled with your child's name):

- A water bottle
- Tennis shoes or flip flops
- Sun Screen and a shirt with long sleeves or a rash guard
- A towel
- Hat, sunglasses
- Change of clothes
- Large plastic bag for wet items
- Goggles
- One Roll of Duct Tape
- 2 one gallon plastic jugs with lids
- A Positive Attitude! Be ready to TRY, do your best and exhibit good sportsmanship

What NOT to Bring:

- Electronics (phones will be taken and kept in a safe place until 3 p.m.)
- FOOD (so eat a good breakfast)
- Poor attitudes

Please be prompt with drop off (8:30 a.m.) and pick up (3:00 p.m.)

In case of emergencies, parents will be contacted at the number listed on the daily attendance sheet.

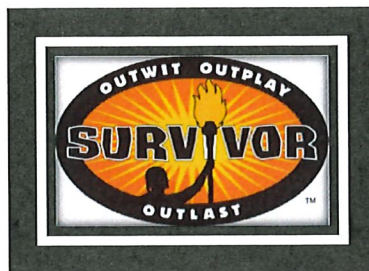
Please be certain that you are available at this number the entire day.

Emergency number to contact Survivor Camp: Marianne Day 772-538-6913

St. Paul's Church office 772-231-3552



ST. PAUL'S CHURCH



Monday through Friday

July 17 – 21

8:30 AM – 3:00 PM

Survivor Camp 2023 REGISTRATION FORM

A fun week on the beach filled with God's Word. Survivor Camp is geared towards competitive campers, **ages 9-15**, who enjoy swimming, fishing, puzzles, games and learning survival skills.

PLEASE print clearly and provide all information.

Use a separate form for each child

Cost: \$175.00 per child for the week

Child's Full Name: _____ Nickname (if any) _____

Age: _____ Birth Date: _____ Gender (M-male, F-female): _____

Address: _____

City/State/Zip: _____

Siblings: _____

Parent's
Names: _____

Home Phone: _____ Cell Phone: _____

Father's work phone: _____ Mother's work phone: _____

Father's email: _____ Mother's email: _____

Please list any allergies your child may have:

If your child has food allergies, is your child permitted to have standard snacks and lunches
or will you be responsible for bringing snacks and lunches from home each day?
_____ I will bring snacks for my child _____ My child may have standard snacks

Parent Signature: _____

Date: _____

REGISTRATION IS NOT COMPLETE UNLESS THE ATTACHED PARENTAL PERMISSION AND
MEDICAL RELEASE FORM IS COMPLETED FOR EACH CHILD AND SIGNED BY THE PARENT(S).



Office Use Only: <input type="checkbox"/> Sunday School <input type="checkbox"/> VBS <input type="checkbox"/> SPROUTS <input type="checkbox"/> Youth <input type="checkbox"/> Camp
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PARENTAL PERMISSION AND MEDICAL RELEASE FORM

In an effort to fully protect all children participating in the activities and programs of St. Paul's Church, this form must be completed and signed by authorized parent(s) or legal guardian(s) of any minor prior to the child's participation in church events. All information collected will be treated confidentially by church staff and volunteer leaders.

Personal Information

Child's Full Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Parent(s)/Guardian(s) Names: _____

Home Phone: _____ Home Phone: _____

Work Phone: _____ Work Phone: _____

Cell Phone: _____ Cell Phone: _____

In an EMERGENCY & Parent/Guardian is unable to be reached, the following people familiar with this child may be called:

Alternate 1: _____ Relationship: _____

Contact Numbers: _____

Alternate 2: _____ Relationship: _____

Contact Numbers: _____

Health Information

Please list any special needs, allergies, talents or interests that would help us in our relationship with your child:

Does your child take medicine on a regular basis? (circle one) Yes No

If yes, please fill out a Medicine Information/Consent Form.

Date of Last Tetanus Shot: _____ Does your child wear? (circle one) Glasses Contacts

Name of Child's Primary Physician: _____ Phone Number: _____

Name of Preferred Hospital: _____ City: _____ State: _____

Name of Child's Primary Dentist: _____ Phone Number: _____

Health Insurance

Name of Insurance Company: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Policy Number: _____ Name of Policy Holder: _____

Please complete the reverse side of this form.

PLEASE READ THE FOLLOWING CONSENT AGREEMENTS CAREFULLY. TO AGREE TO ANY OF THE FOLLOWING, EACH PARENT/GUARDIAN SHOULD INITIAL IN THE SPACE PROVIDED; TO NOT AGREE, LEAVE BLANK. SIGNATURES AT THE BOTTOM OF THE PAGE ARE REQUIRED FOR THE AUTHENTICITY OF YOU HAVING COMPLETED THIS FORM.

Consent for Participation

I /We the undersigned, having legal custody of the above named minor, give consent for him/her to attend and participate in events, programs, and activities of St. Paul’s Church Vero Beach and acknowledge and accept the risks of physical injury associated with such participation. I / We release St. Paul’s Church and its representatives, staff, vestry members and /or agents from any and all liability for any loss, injury or damage to person or property that may occur during the course of my child’s involvement.

Agreed: (initial) _____

Medical Consent

In the event the above mentioned child becomes ill or is injured during an activity at St. Paul’s Church, I understand a church representative will attempt to contact me/ us or our stated emergency contacts as soon as practical. However, I authorize the church leader(s) to take one or more of the following steps as they deem necessary: 1) render first aid; 2) call 911 for medical assistance; 3) permit medical or surgical diagnosis and treatment as deemed appropriate by a recognized health care professional.

Furthermore, I / we agree to hold harmless St. Paul’s Church, and its representatives, staff, vestry members, and / or agents free and harmless from any and all claims, demands, law suits, fees, court costs and other sums for damages arising from the giving of such consent and from any action of my child against any person.

I / We also agree that I / we will be ultimately responsible for the costs of any medical care should the cost of that medical care not be reimbursed by the health insurance provider and I / we affirm that health insurance information provided on this sheet is accurate and will remain in force for the minor named above.

Agreed: (initial) _____

Transportation Consent

I / We give permission for the above named minor to ride as a passenger in any vehicle designated by the church leadership whose care the minor has been entrusted while participating in church activities. Furthermore, I / We agree to bring my / our child home at my / our own expense should the child become ill or if it is deemed necessary by the church leader(s).

Agreed: (initial) _____

Photography Consent

From time to time still and video photography is made of church activities and used in promotional and historical documentation. I grant permission the above named minor may be included in photography of church events and activities. I hereby irrevocably grant to St. Paul’s Church the right to use these photographic images as a result of the above mentioned minor’s participation in approved activities of the Church.

Agreed: (initial) _____

SIGNED: _____
Signature *Date*

Signature *Date*

RETURN TO: ST. PAUL’S CHURCH, P.O. Box 643504, Vero Beach, FL 32964 (772-231-3552)