

NOTE

Everyone should have the opportunity to attend. If you are in need of financial assistance, please speak to your Sunday School

Superintendent or local Sunday School

Correspondent . If you still have further questions please contact

camp411@hotmail.com, or by calling Neil Porter at 561-251-8739

Prior to the camp session.

Such requests and

Discussions will be

Handled on a confidential

Basis.



Gospel Hall Fort Lauderdale

www.gospelhallftl.org
Join us on twitter: [gospelhallftl](https://twitter.com/gospelhallftl)

Family Camp 2013

7369 Sunnyside Dr, Leesburg, FL

Family Camp 2013



*August 30, 2013
to
September 2, 2013*

Leesburg, Florida

What To Bring

Clothing for a variety of weather conditions, suited for playing outside and getting dirty and casual attire. Sleeping Bag, Pillow, Towel, Toiletries, Flashlight, Camera, Extra Shoes & Socks, Bug repellent, Bring your Bible, pen and notebook because you are going to use them.

What Not To Bring

Cell phones, iPods, Laptops or anything of they type. Take a break for a weekend, you'll appreciate it. Firearms, pocket knives, weapons of any kind, tobacco or alcohol Inappropriate Clothing.

I agree to all the following:

The below digital signature indicates you have read and understand the following statement and agree to assume the responsibility stated and waive all claims.

If you are under 18 years of age traveling without a parent or legal guardian, you are required to supply the information regarding your Emergency Contact including signature:

Permission To Travel-Participants Under Age 18

I hereby give permission for my child(ren) to participate in all Camp Horizon events and activities which may include in-state and out-of-state travel.

Authorization for Medical Attention

In the event of a medical emergency, my child(ren) may be treated by a licensed physician or nurse in the state of Florida. I understand that every effort will be made to reach the individual(s) listed as the emergency contact. However, in the event no one can be reached, I authorize any adult representative of Ft. Lauderdale Gospel Hall, acting in a leadership role, to consent to medically necessary treatment, advisable in the judgment of the treating physicians, if my child(ren) should be admitted to any hospital, or be in need of any medical treatment. I understand that Ft. Lauderdale Gospel Hall has no insurance coverage for medical or hospital costs incurred and, therefore, any costs incurred for such treatment shall be my (parent/guardian) sole responsibility. I take full responsibility for all charges and fees related to all medical treatment.

REGISTRATON FORM

First Name_____

Last Name_____

Age_____

Email:_____

Mobile #_____

Emergency Contact

Emergency Contact#

Signature Parent/Guardian

Print Parent/Guardian