



Household of Faith Church, Inc.
 Bishop Lewis & Dr. Bernadette Williams, Founders
 1410 W. Edgewood Ave * Jacksonville, FL 32208 * 904 764-8400
 www.hofchurchinc.org



\$80.00 Registration Fee

Mission: To invest in the future of the community and enrich the lives of the children who attend our camp.

Vision: Our focus is to assist in the development of our campers through leadership and character-building skills and by helping our campers cope with life's challenges

Camper's Name:

First

Last

DOB: / / Gender: ____ Male ____ Female Age ____ Email _____

School Name _____ Last grade completed _____

Home Address _____

City _____ State _____ Zip _____

T-shirt size: (Youth)

To qualify for HOFC Scholarship Program, your child must meet the following eligibility criteria: Child must be a Duval County resident, 5 - 13 years old and receive one (1) of the following services:

SNAP Medicaid UPLOAD: Benefit Award Letter

If you meet the criteria above and wish to apply for the HOFC Scholarship Program, please complete the application below. NOTE: Meeting the criteria does not guarantee a scholarship, but it qualifies you to be considered.

Last Four Numbers of SSN-XXX-XX-

Student ID#

Did your child receive the HOFC Scholarship in the past? Please mark the if yes

Child lives with: Mother Father Guardian

Total number of people in household

Parents/Guardian's Information

Name

Employer

Work #

Home (____) ____-____ Cell # (____) ____-____ Email



Emergency Contacts and Authorized Person

Application must contain at least 2 Emergency Contact individuals in the event the parent/ guardian is unavailable.

Name _____ Relation to child _____

Contact number (_____) _____

Name _____ Relation to child _____

Contact number (_____) _____

Name _____ Relation to child _____

Contact number (_____) _____

Medical Information

Please list any medical conditions we should know about such as hospitalization, operation, serious illness, dietary restrictions, activity limitation, allergies and/or any medications this child takes regularly

Drop-Off	8:00 am	8:15 am	8:30 am	8:45 am	9:00 am
Pick-up	4:00 pm	4:15 pm	4:30 pm	4:45 pm	5:00 pm

I understand that I will be notified if a health concern or injury involving my child occurs. However, if I cannot be reached after reasonable attempts, or if my child is experiencing a medical emergency that requires immediate attention, I hereby authorize a designated representative of Camp Home to secure emergency medical care for my child. This authorization includes, but is not limited to, evaluation, treatment, transportation, and any procedures deemed necessary by licensed medical personnel. I agree to assume financial responsibility for all medical services rendered

CAMP HOME – GENERAL RELEASE & AUTHORIZATIONS

1. GENERAL RELEASE OF LIABILITY

I, the undersigned parent or legal guardian, acknowledge and understand that participation in Camp Home activities involves inherent risks, including but not limited to physical activity, outdoor recreation, transportation, and group interaction. In consideration for my child's participation, I hereby release, waive, and discharge Camp Home, its directors, officers, employees, volunteers, agents, and representatives from any and all liability, claims, demands, actions, or causes of action arising out of or related to any loss, injury, illness, damage, or harm that may occur while my child is participating in camp activities, whether on or off camp premises, except in cases of gross negligence or intentional misconduct.

I further agree to indemnify and hold harmless Camp Home and its representatives from any expenses, damages, or legal fees arising from my child's participation or from the enforcement of this agreement.

2. MEDICAL RELEASE & CONSENT FOR TREATMENT

I understand that I will be notified if a health concern or injury involving my child occurs. However, if I cannot be reached after reasonable attempts, or if my child is experiencing a medical emergency requiring immediate attention, I hereby authorize a designated representative of Camp Home to secure emergency medical care for my child.

This authorization includes, but is not limited to, evaluation, treatment, transportation, and any procedures deemed necessary by licensed medical personnel. I agree to assume full financial responsibility for all medical services rendered.

3. AUTHORIZATION FOR ADMINISTRATION OF MEDICATION

I authorize Camp Home staff or designated personnel to administer prescription or over-the-counter medication to my child as provided by me in original, properly labeled containers. I certify that all medication instructions I provide are accurate and complete.

I release Camp Home and its representatives from liability for unintentional errors or reactions that may occur in connection with the administration of medication, provided that staff follow the written instructions I have supplied.

4. PHOTO & MEDIA RELEASE

I grant Camp Home permission to photograph, record, or capture my child's likeness during camp activities and to use such images or recordings for camp-related promotional, educational, or informational purposes in print, digital, or social media formats. I understand that my child's name will not be used without additional consent. I waive any right to inspect or approve the final materials and release Camp Home from any claims arising from the use of such media

Parent/Guardian Signature

I certify that I have read, understand, and voluntarily agree to all sections of this release.

Signature: _____

Date: _____

CAMP HOME – WALKERS RELEASE & DISMISSAL POLICY

For the safety of all campers, Camp Home enforces a strict dismissal policy. Campers are not permitted to walk home alone under any circumstances. A camper may only be released to an authorized individual who is 18 years of age or older and listed on the child's approved pick-up list.

All authorized individuals must present valid, government-issued photo identification at the time of pick-up. Camp Home staff will not release a camper to any person—regardless of familiarity—who cannot provide identification or who is not listed as an approved pick-up contact.

If a parent/guardian is unavailable, it remains the parent/guardian's responsibility to ensure that an authorized adult is present for pick-up. Camp Home staff are not permitted to make exceptions, accept verbal authorizations, or release a camper to a minor.

By signing below, I acknowledge and agree to comply with this policy and understand that it is designed solely to protect the safety and well-being of all campers.

Parent/Guardian Signature

I certify that I have read, understand, and agree to the Walkers Release & Dismissal Policy.

Signature: _____

Date: _____