

# THE MIX

ORLANDO

## The Mix Orlando PF Youth Camp Information JULY 14<sup>th</sup> - 18<sup>th</sup>

**Total Camp Price: \$330**

**\$100 Deposit due at time of registration.**

**Camp Balance Deadline Sunday July 6<sup>th</sup>**

\*All money paid is nonrefundable. Camp is not a CITS event so all money is paid to the camp.

**Mandatory Pre-Camp Meeting for Students. Leaders should attend this meeting also  
Wednesday, July 2<sup>nd</sup> 8:30 pm After The Mix Room TBD**

**OR**

**Sunday, July 6<sup>th</sup> 1:00-2:00pm Room 250**

### **Registration**

Location: Church In The Son

Monday, July 14<sup>th</sup> at 8:00-8:30AM

Bus Leaves at 8:45AM Sharp

\*\*\* BUS WILL NOT WAIT ON YOU\*\*\*

### **Pick Up Time**

Location: Church In The Son

Friday, July 18<sup>th</sup> at 12:00PM

All Medication is to be Turned In at registration.

\*In the event of an emergency, we will refer to the number listed on your child's registration form and contact you. (If you have not received a text from me then please confirm your number

Camp Address: Masterpiece Gardens 3900 Great Masterpiece Rd, Lake Wales, FL 33898

**Make sure to do a LICE check prior to coming to camp**

### **To Follow the week:**

**Instagram: @theMixOrlando**

### **Contact Numbers:**

Pastor PJ: Student Pastor

407-456-4228

[pjcanterbury@churchintheson.com](mailto:pjcanterbury@churchintheson.com)

Ysabella Ortiz - Fine Arts Director

407-923-7009

[yortiz@churchintheson.com](mailto:yortiz@churchintheson.com)

**Scan QR code to register for  
live camp updates via text  
while we are camp**

Derrick Aguirre

321-614-5739

[daguirre@churchintheson.com](mailto:daguirre@churchintheson.com)



Your child should bring extra money for snacks at the camp snack shack and camp memorabilia. (ie: **\$40-50**)

#### PACKING LIST

- Comfortable (**modest**) clothes for daily activities.
- Bathing suit (girls one piece only or dark t-shirt over a 2 piece)
- Change of clothes for nightly services (nice jeans and nice shirt)
- Toiletries (deodorant, soap, shampoo, toothpaste etc)
- Towel
- Sheets, pillow & bedding or sleeping bag
- Flashlight
- Sunscreen
- Water-bottle
- Bible, Pen and notebook
- Combination Lock



# 2025 PFYOUTH CAMP STUDENT FORM

CAMPER REGISTRATION PRICE: \$ 330.00

**\*\*THIS FORM IS PROVIDED ONLY TO ASSIST CHURCHES IN COLLECTING THE NECESSARY STUDENT INFORMATION THAT WILL BE REQUESTED IN THE CAMPTRAK ONLINE REGISTRATION PROCESS.**

Wk5: July 14-18

## STEP 1: PLEASE COMPLETE WITH CAMPER INFORMATION

FIRST NAME	LAST NAME
<input type="text"/>	<input type="text"/>

DOB (MM DD YY)	AGE	GENDER	GRADE (entering 2025-2026 school year)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PRESENT MAILING ADDRESS

CITY	STATE	ZIP CODE
<input type="text"/>	<input type="text"/>	<input type="text"/>

PARENT OR GUARDIAN NAME

PARENT OR GUARDIAN PHONE NUMBER

EMERGENCY CONTACT NAME

EMERGENCY PHONE NUMBER

EMERGENCY CONTACT PERSON'S RELATIONSHIP TO CAMPER

EARLY DEPARTURE: Only those authorized can remove a camper from camp early. List designated person(s):

Is there anyone we should NOT release your child to? Please list complete name(s):

Camp Shirt is included. Please select size  Small  Medium  Large  XL  2XL  3XL

**Water Baptism:** Pen Florida Youth believes in full submersion under water, which serves as a symbolic expression of one's faith in Christ. We will have a baptism service for those students who desire to be baptized. If my child desires to be baptized,  I GIVE  I DO NOT GIVE my child permission to be baptized.

## STEP 2: MEDICAL INFORMATION— all medications, prescriptions, and over-the-counter meds must be brought in the original container to the first aid director with the medical form signed by parent/guardian.

Does the camper have allergies  Yes  No If yes, explain

Year Camper received Tetanus Toxoid immunization:

What communicable diseases has this camper had:

Measles  Polio  Mumps  Chicken Pox  Scarlet Fever  Whooping Cough  Other

Does camper have:  Heart Trouble  Ear Trouble  Asthma  Hernia  Sleepwalking

Other:

Is there any activity in which you do not wish to participate?

In one word, describe your health:

Within the last year, have you had problems with nervous breakdown, extreme depression, extreme anxiety, attempted suicide, or destructive temper?  Yes  No If Yes, explain:

# 2025 PFY SUMMER CAMPER CONSENT & AGREEMENT FORM **\*\*REQUIRED\*\***

(1 PER STUDENT—PARENT AND CAMPER SIGNATURES REQUIRED BELOW)

Authorization for: \_\_\_\_\_  
Student Name (Last, First) Orlando/ Church in the Son  
Church City / Church Name

Camp Attending:  Youth 5

## CAMPER BASIC INFO

Camper Birth date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_  
Parent/Guardian Name: \_\_\_\_\_ Parent/Guardian Phone: \_\_\_\_\_

## HEALTHCARE INFO

Insurance Carrier: \_\_\_\_\_ Insurance Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Insurance Policy and/or Group Number: \_\_\_\_\_  
Policy Holder Name: \_\_\_\_\_  
(First) (Last)  
Coverage Start: \_\_\_\_\_ Coverage End: \_\_\_\_\_  Above Camper is not covered by medical insurance of any kind.  
Can the First Aid Director give Tylenol to your child?  Yes  No  
Can the First Aid Director give Advil or Ibuprofen to your child?  Yes  No

### NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN

**READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF PENINSULAR FLORIDA DISTRICT COUNCIL OF THE ASSEMBLIES OF GOD USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM PENINSULAR FLORIDA DISTRICT COUNCIL OF THE ASSEMBLIES OF GOD IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND PENINSULAR FLORIDA DISTRICT COUNCIL OF THE ASSEMBLIES OF GOD HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.**

By signing this form, I affirm that the information submitted online is true and accurate to the best of my knowledge. I do hereby state that I have legal custody of this child, a minor, who resides with me. While this minor is a registered camper at any Peninsular Florida Assemblies of God summer camp, I hereby authorize any director, counselor, nurse, dean, lifeguard, or other responsible person of said Camp to consent to any x-ray, examination, anesthetic, medical or surgical treatment, and hospital care, to be rendered to this minor under the general or special supervision and on the advice of any physician or surgeon licensed to practice in the United States, when such medical or surgical treatment is necessary. I understand that should such treatment be necessary that the Peninsular Florida Assemblies of God summer camp provides only secondary insurance, and begins where the camper's primary health and accident insurance policy has been extended to its limits. I understand that every effort will be made to contact me regarding any medical attention given to my child.

I also understand that participants at Masterpiece Gardens Camp are liable for damage caused intentionally or maliciously. Damage caused by a participant will be billed directly to the participant responsible and their legal guardian. I understand that youth camp is a voluntary activity. Student must be willing to cooperate with the overall spirit and schedule of the camp. Finally, I understand that every effort will be made to room church groups in the same dorms. However, due to the structure of camp and limited number of beds, this is not always possible.

We give full permission to Peninsular Florida Assemblies of God summer camps to reproduce any photograph and/or video image of me/my student for promotional usage without obligation to me/my student.  AGREE  DISAGREE

[Youth Camp Only] Water Baptism: Pen Florida Youth believes in full submersion under water, which serves as a symbolic expression of one's faith in Christ. We will have a baptism service for those students who desire to be baptized. If my child desires to be baptized,  I GIVE  I DO NOT GIVE my child permission to be baptized.

I have reviewed the camp information sheet and gone over the camp policies and rules with my child. Camper's signature below confirms his/her agreement to abide by camp policies.

### SIGN HERE:

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
PARENT/GUARDIAN NAME (PRINT)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CAMPER SIGNATURE

\_\_\_\_\_  
CAMPER NAME (PRINT)

\_\_\_\_\_  
DATE

# 2025 PFY SUMMER CAMPER MEDICATION FORM

(REQUIRED IF BRINGING ANY MEDICATION—PRESCRIPTION OR NON-PRESCRIPTION)

(1 PER STUDENT—PARENT/GUARDIAN SIGNATURE REQUIRED BELOW)

Authorization for: \_\_\_\_\_  
Student Name (Last, First)

Orlando/ Church in the Son  
Church City / Church Name

Camp Attending:  Youth 5

**If your camper needs to bring any medication to camp, please complete this information within 24 hours prior to your camper's arrival. ALL MEDICATIONS MUST BE IN THE ORIGINAL CONTAINERS.** Place all medication containers in a plastic resealable zipper closure bag with this completed form detailing instructions for the use of each medication your child is to receive at camp. A medical attendant will receive medications at the first aid table during camp check-in. Inhalers are the only medications that can be kept with the camper (please send two in case one is lost). Over the counter meds such as Tylenol, Advil or Ibuprofen, Midol, and multi-vitamins must all be turned in to the first aid director.

**NO MEDICATION CAN BE ADMINISTERED UNLESS LISTED ON THIS FORM WITH PARENT/LEGAL GUARDIAN SIGNATURE.**  
**MEDICAL PERSONNEL IN THE SICK BAY MUST ADMINISTER ALL CAMPER MEDICATIONS.**

Name of Medication	Dosage	Time to be given	Signature & Time Given (First Aid Director Use Only)				

Medications will be given as directed on prescription containers. Explain any differences in instructions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I authorize the camp medical personnel to administer the medications listed above. In addition, I authorize the Camp Executive Staff to consent to medical treatment when either my assignee or I cannot be contacted. I understand that every effort will be made to contact me before such action.

**SIGN HERE:**

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
PARENT/GUARDIAN NAME (PRINT)

\_\_\_\_\_  
DATE



## WAIVER AND RELEASE OF LIABILITY

In consideration of the risk of injury while participating in **ALL CHURCH IN THE SON and THE MIX ORLANDO RELATED EVENTS in 2025 including but not limited to Fine Arts, Summer Camp, One Day Encounter and Internship**, and as consideration for the right to participate in the Activity, I hereby, for myself, my heirs, executors, administrators, assigns, or personal representatives, knowingly and voluntarily enter into this waiver and release of liability and hereby waive any and all rights, claims or causes of action of any kind whatsoever arising out of my participation in the Activity, and do hereby release and forever discharge Church In The Son, located at 4484 N John Young Pkwy, Orlando, Florida 32804, their affiliates, managers, members, agents, attorneys, staff, volunteers, heirs, representatives, predecessors, successors, directors, officers, and assigns (such persons, collectively and individually hereinafter referred to as "The Church Released Parties"), for any physical or psychological injury, including but not limited to illness, paralysis, death, damages, economical or emotional loss, that I may suffer as a direct result of my participation in the aforementioned Activity, including traveling to and from an event related to this Activity.

**I AM VOLUNTARILY PARTICIPATING IN THE AFOREMENTIONED ACTIVITY AND I AM PARTICIPATING IN THE ACTIVITY ENTIRELY AT MY OWN RISK. I AM AWARE OF THE RISKS ASSOCIATED WITH TRAVELING TO AND FROM AS WELL AS PARTICIPATING IN THIS ACTIVITY, WHICH MAY INCLUDE, BUT ARE NOT LIMITED TO, PHYSICAL OR PSYCHOLOGICAL INJURY, PAIN, SUFFERING, ILLNESS, DISFIGUREMENT, TEMPORARY OR PERMANENT DISABILITY (INCLUDING PARALYSIS), ECONOMIC OR EMOTIONAL LOSS, AND DEATH. I UNDERSTAND THAT THESE INJURIES OR OUTCOMES MAY ARISE FROM MY OWN OR OTHERS' NEGLIGENCE, CONDITIONS RELATED TO TRAVEL, OR THE CONDITION OF THE ACTIVITY LOCATION(S). NONETHELESS, I ASSUME ALL RELATED RISKS, BOTH KNOWN OR UNKNOWN TO ME, OF MY PARTICIPATION IN THIS ACTIVITY, INCLUDING TRAVEL TO, FROM AND DURING THIS ACTIVITY.**

I agree to indemnify and hold harmless Church In The Son against any and all claims, suits or actions of any kind whatsoever for liability, damages, compensation or otherwise brought by me or anyone on my behalf, including attorney's fees and any related costs, if litigation arises pursuant to any claims made by me or by anyone else acting on my behalf. If Church In The Son incurs any of these types of expenses, I agree to reimburse Church In The Son.

I acknowledge that Church In The Son and The Church Released Parties are not responsible for errors, omissions, acts or failures to act of any party or entity conducting a specific event or activity on behalf of Church In The Son.

**I ACKNOWLEDGE THAT THIS ACTIVITY MAY CARRY WITH IT POTENTIAL RISK.** The risks may include, but are not limited to, those caused by terrain, facilities, temperature, weather, lack of hydration, condition of participants, equipment, vehicular traffic and actions of others, including but not limited to, participants, volunteers, spectators, coaches, event officials and event monitors, and/or producers of the event.

**I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS "WAIVER AND RELEASE" AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY. I EXPRESSLY AGREE TO RELEASE AND DISCHARGE CHURCH IN THE SON AND THE CHURCH RELEASED PARTIES, FROM ANY AND ALL CLAIMS OR CAUSES OF ACTION AND I AGREE TO VOLUNTARILY GIVE UP OR WAIVE ANY RIGHT THAT I OTHERWISE HAVE TO BRING A LEGAL ACTION AGAINST CHURCH IN THE SON FOR PERSONAL INJURY OR PROPERTY DAMAGE.**

The terms of this Waiver and Release of Liability apply regardless of the cause or theory of action asserted against the Church Released Parties, whether in law or equity, contract or tort, for all acts and omissions, including negligence, to the greatest extent permitted by Florida law.

Initials:

In the event that I should require medical care or treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

In the event that any damage to equipment or facilities occurs as a result of my or my family's willful actions, neglect or recklessness, I acknowledge and agree to be held liable for any and all costs associated with any actions of neglect or recklessness.

This Agreement was entered into at arm's-length, without duress or coercion, and is to be interpreted as an agreement between two parties of equal bargaining strength. Both the

Participant, \_\_\_\_\_, and Church In The Son agree that this Agreement is clear and unambiguous as to its terms, and that no other evidence will be used or admitted to alter or explain the terms of this Agreement, but that it will be interpreted based on the language in accordance with the purposes for which it is entered into.

In the event that any provision contained within this Release of Liability shall be deemed to be severable or invalid, or if any term, condition, phrase or portion of this agreement shall be determined to be unlawful or otherwise unenforceable, the remainder of this agreement shall remain in full force and effect, so long as the clause severed does not affect the intent of the parties. If a court should find that any provision of this agreement to be invalid or unenforceable, but that by limiting said provision it would become valid and enforceable, then said provision shall be deemed to be written, construed and enforced as so limited.

I, the undersigned participant, affirm that I am of the age of 18 years or older, and that I am freely signing this agreement. I certify that I have read this agreement, that I fully understand its content and that this release cannot be modified orally. I am aware that this is a release of liability and a contract and that I am signing it of my own free will.

**I the undersigned expressly assumes the risk of all foreseeable and unforeseeable possibilities of injury or death inherent in these activities.**

**Participant's Name:** \_\_\_\_\_

**Participant's Phone:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

### **PARENT / GUARDIAN WAIVER FOR MINORS**

In the event that the participant is under the age of consent (18 years of age), then this release must be signed by a parent or guardian, as follows:

I hereby certify that I am the parent or guardian of \_\_\_\_\_, named above, and do hereby give my consent without reservation to the foregoing on behalf of this individual.

**Parent / Guardian Name:** \_\_\_\_\_

**Relationship to Minor:** \_\_\_\_\_

**Parent/Guardian Phone #:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



## PHOTO RELEASE

For good and valuable consideration, the receipt of which is hereby acknowledged,

I, \_\_\_\_\_, hereby grant Church In The Son permission to use my likeness in a photograph in any and all of its publications, including but not limited to all of Church In The Son's printed and digital publications. I understand and agree that any photograph using my likeness will become property of Church In The Son and will not be returned.

I acknowledge that since my participation with Church In The Son is voluntary, I will receive no financial compensation.

I hereby irrevocably authorize Church In The Son to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing Church In The Son's programs or for any other related, lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph.

I hereby hold harmless and release and forever discharge Church In The Son from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators or any other persons acting on my behalf or on behalf of my estate have or may by reason of this authorization.

**Participant's Name:** \_\_\_\_\_

**Participant's Phone:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## PARENT / GUARDIAN WAIVER FOR MINORS

In the event that the participant is under the age of consent (18 years of age), then this release must be signed by a parent or guardian, as follows:

I hereby certify that I am the parent or guardian of \_\_\_\_\_, named above, and do hereby give my consent without reservation to the foregoing on behalf of this individual.

**Parent / Guardian Name:** \_\_\_\_\_

**Relationship to Minor:** \_\_\_\_\_

**Parent/Guardian Phone #:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_