

Never Say Never Foundation, Inc.
NeverSayNeverInc@gmail.com
352-502-0379
3965 NE 15th Court Rd
Ocala, FL 34479

PLEASE PRINT, THEN MAIL APPLICATION TO:
NEVER SAY NEVER / NICK STILWELL
3965 NE 15th Court Rd
Ocala, FL 34479
DO NOT EMAIL APPLICATION

2026 Registration Form / Application

Never Say Never AMP Camp

March 11-15, 2026 19300 SE 3rd St. Silver Springs, FL 34488

CAMPER INFORMATION								
Name:	_____					Sex:	Male	Female
DOB:	_____							
	Month/Day/Year							
Address:	_____							
City, State, Zip:	_____							
Camper's T-Shirt Size:	Youth	YS	YM	YL	YXL			
<i>Please specify Youth or Adult size</i>	Adult	Sm	Med	Lg	XL	2XL	3XL	

- | | | |
|---|-----|----|
| Does the camper have a prosthetic limb? | YES | NO |
| If the camper has a prosthesis, is it waterproof? | YES | NO |
| Does the camper have swimming experience? | YES | NO |
| Does the camper have any water limitations? | YES | NO |
| Does the camper have any special needs or conditions? | YES | NO |
| Does the camper have any allergies to food or medication? | YES | NO |
| Does the camper have any dietary restrictions? | YES | NO |
| Does the camper take any medications we should be aware of? | YES | NO |

If you answered yes, to any of the above questions, or feel there is information we should know about your child, please provide details below:

Name of Camper: _____

Family member(s) attending AMP Camp with Camper:

Please include ALL family members, including Parent/Guardian

Name	DOB	Relationship to Camper	T-shirt Size

Please list any medical conditions, allergies, special dietary needs, or general concerns that should be made known for any of the aforementioned participants:

The following release covers all person(s) listed above.

Please initial beside each statement of release and sign at the bottom.

	<p>Liability Release</p>	<p>I understand that having myself, my child and/or any of my family participating as a camper, family member and/or volunteer involved in any camp related activities such as sailing, kayaking, swimming, fishing, boating, athletic games, skating and any other unforeseeable camp related activity, there is a risk of injury. I understand that if a medical emergency or an injury should occur at the Never Say Never AMP Camp, that the Never Say Never Foundation will deal with the medical emergency as deemed medically necessary and with the protocols defined by the host facilities' guidelines. I understand that any medical insurance that the individuals have, will be used and I will not hold the Camp, the Never Say Never Foundation or the host facility responsible for any injuries or accidents that may occur to myself, my family or anyone during the Never Say Never AMP Camp, at any location during the event.</p>
	<p>Photo Release</p>	<p>I authorize the Never Say Never Foundation to take photos and videos for the use of promotional materials, pictures for sponsors and website development for the Never Say Never Foundation during the Never Say Never AMP Camp</p>
	<p>Emergency / Medical Release Release</p>	<p>I authorize emergency medical treatment of my child, myself or my family, if such treatment is deemed necessary and appropriate by a licensed medical professional during the Never Say Never AMP Camp at any location during camp.</p>

Signature(s) of Parent(s) or Guardian(s) for above Participants

Date

Name of Camper: _____

PARENT / GUARDIAN INFORMATION

Name: _____

Phone: _____

Email: _____

Emergency Contact Information:

Name: _____

Phone: _____

The following is to be answered by the named camper on this application. (1-2 paragraphs)

Please tell us why you would like to attend Never Say Never Foundation's seventh annual AMP Camp and what you hope to learn/accomplish while you are there. Please include your favorite party song and movie.

Parents please ensure all portions of this application are entirely filled out, including the check boxes for releases. Applications are to be PRINTED and MAILED.