SUMMER CAMP
CCIW STAFF REGISTRATION FORM

CAMP NAME _____ **CAMP LOCATION**_____ **CAMP DATE** _____

Last Name _____First_____(Check) M __ F __ Age_____

Address _____City _____State _____ Zip_____

Home Phone (_____)_____-_____ Cell (_____)_____-_____ Birth Date_____/_____/_____

E-mail Address(s) _____

Sponsoring Church, Minister, or Director_____

EMERGENCY CONTACT

Name _____ Relationship to you_____

Address _____City _____State _____Zip _____

Home Phone (_____)_____-_____ Office (_____)_____-_____ Cell (_____)_____-_____

Please initial here _____ if you DO NOT want your voice, picture, image/likeness, or video used for church promotional purposes including but not limited to web sites, flyers, slide shows at church functions, and video clips. (CCIW would seek permission for major advertisement where you would have a primary role.)

CHECK YOUR CHOICE OF THE FOLLOWING "T" SHIRT SIZES

___ Adult S ___Adult M ___Adult L ___Adult XL ___Adult XXL ___Adult XXXL

INSURANCE SECTION ~ **COMPLETE** this section to expedite medical treatment.

Insurance Company_____ Group #_____

Claim Address _____ Phone #_____

Individual/Parent's Policy # _____ Relation of staff to policy _____

Other Insurance Information_____

Emergency contact name _____ Relation to staff _____

Emergency contact phone numbers Home _____Work _____ Cell _____

Give dates and type of operation(s)/accidents(s) within the last 2 years _____

_____

Mail form to CCIW Registrar – 401 W Jefferson St - Bloomington, IL 61701-3826 (309) 828-6293

Office use only

Date received_____ **ID#**_____ **Date Entered**____/____/_____

CCIW CAMP ~ STAFF HEALTH FORM

Staff Name_____

The Health History Record is to be completed and signed by the staff member participating in Resident Camp Programs (Pilgrim Park, Walter Scott, and off-site camps). Please return this Health Form with the Registration Form. This information is **CONFIDENTIAL**, and is to ensure the health and safety of this participant. PLEASE PRINT!

Check those that apply (Please note treatments below and feel free to make comments.)

__ Allergies	__ Convulsions	__ Fainting	__ Incontinence
__ Asthma	__ Diabetes	__ Headaches	__ Insect Sting
__ Bleeding/Clotting	__ Disorders	__ Heart Defect/Disease	__ Joint Problems
__ Chicken Pox	__ Ear Infections	__ Hypertension	__ Upset Stomach

__ other (please specify) _____

Any chronic illnesses or regularly occurring pain (please specify) _____

_____

List and describe all known allergic reactions _____

_____

Immunization History ~ please specify date of immunization or last booster

DTP _____ or Diphtheria _____ Tetanus _____ Polio_____

MMR _____or Measles _____ Mumps _____

Rubella _____ Hepatitis B _____ Varicella (chicken pox) _____

Date of last health exam _____ Were any complicating problems noted? _____

Are you currently under a physician's care for any medical problem? _____

_____

Detail any physical, mental, behavioral, or emotional limitations_____

Have you ever required psychological/psychiatric counseling (including depression), hospitalization or medication? If yes, please specify._____

Have you been exposed to any contagious diseases? If so, please specify_____

_____

Have you had any recent illnesses? _____

_____

Please specify any dietary needs (such as vegetarian, dietary restrictions, or food allergy) that may be affected at camp. Please contact the camp office before arrival if special food is needed. _____

_____

CCIW CAMP~STAFF HEALTH FORM (continued)

ALL MEDICATIONS ~ prescription and over the counter ~ MUST BE TURNED IN TO THE CAMP MANAGER TO BE LOCKED IN THE INFIRMARY ~ MUST BE IN ORIGINAL CONTAINERS with original label and all instructions attached. If you are using multiple medications, please put them in separate vials, in a zip lock bag, and write your name in permanent marker on the bag.

Are you taking any form of medication? Please check __ Yes __ No

List Drugs and Dosages_____

_____

Name of Family Physician _____ Phone _____

Name of Dentist _____ Phone _____

Name of Orthodontist _____ Phone _____

Other Doctors _____Specialty _____ Phone _____

_____

In order to provide the best care for all participants, updates or changes to the information on the form is your responsibility or the responsibility of the parents/legal guardians. Updated medical forms will be available from your area office and online.

EMERGENCY MEDICAL AUTHORIZATION

I _____(staff name) hereby authorize CCIW and its staff to seek and authorize emergency medical treatment for me. This is to include anesthetic, medical treatment, and the performance of whatever operations or removal of tissue decided to be necessary by the attending physician(s).

Signature **X**_____ Date ___/___/____

Please do not arrive at camp if you are ill or show signs of becoming ill. Contact your director or the CCIW office. If you are reported to have a contagious disease, you will be isolated from the camping community and a designated person will be asked to take you home. CCIW reserves the right to check campers/staff and to protect the health of all campers and camp personnel.

CCIW STAFF PLEDGE

In the spirit of forming a positive Christian Community at camp, I agree to the following:

- I agree to abide by the rules of the CCIW camping program as they are posted, announced, or given to me. I recognize that these regulations are for the good of the camp as well as my safety.
- I agree to participate in all group activities as they are scheduled or announced and I will be present for the entire session. I understand that my participation is essential to the positive experience of the entire camping group.
- I agree to treat others with respect. This includes, but is not limited to the way in which I behave, speak, make physical contact, and how I will talk about others when they are not present.
- I agree to respect the authority of those individuals who are entrusted with making this camping season a safe and positive atmosphere, and respect their decisions regarding community life. Likewise, I agree to be a positive role model to others by maintaining an attitude of respect, patience, courtesy, tact, and maturity.
- I agree to treat the camping property and facilities with respect, recognizing that if damage should occur because of my negligence, my family or I am financially liable.
- I agree to arrive at camp on time and remain until the session has concluded.
- I agree to refrain from the following:
  - possession and/or use of **BANNED LEGAL or ILLEGAL SUBSTANCES** (including alcohol, illegal drugs, tobacco products, unreported prescription drugs, firearms, weapons, fireworks, and explosive devices
  - sneaking out of the dorms after lights out or leaving the camp grounds at any time without explicit permission of the camp director
  - sexual activity, abuse or harassment of any kind (including intercourse, exposure, inappropriate touching and/or inappropriate sexual language)
  - willful or thoughtless destruction or abuse of property
  - Wearing inappropriate clothing.

I understand that any violation of this pledge will bring the following consequences:

- Immediate expulsion from camp will be at the expense of me or the camper's family
- If a violation involves possession of a weapon and/or **BANNED LEGAL or ILLEGAL SUBSTANCES**, CCIW will notify local law enforcement.
- CCIW will contact the minister of your sponsoring church regarding serious violation of the Code of Conduct.
- A letter of apology to the sponsoring congregation and to CCIW is required before returning to any camping or church activity.

I have read the **STAFF PLEDGE** for the CCIW Camping program. I am prepared to attend the CCIW sponsored camping season with a spirit of Christian cooperation and goodwill. I have read and I do agree to abide by the above pledge.

STAFF SIGNATURE _____ DATE _____

I have read the **PLEDGE** and I am familiar with CCIW policies and procedures. I expect the directors to communicate with me of any serious violations of the pledge. I will pray for the campers this week that God's love may be a transforming presence. I know and recommend this person for participation in the CCIW Camping Program.

MINISTERS SIGNATURE _____ DATE _____

PILGRIM PARK CAMP & CONFERENCE CENTER Participant Agreement and Medical Release Form

*(**All grade levels for low initiative course and grades 6th through 12th for high ropes course**)*

Participant & Parent/Guardian Name: _____ / _____
(**Please print**)

Initial below to indicate that you have read, understood, and agree to the section following your initials.
Parents/Guardians/Legal Representatives should initial on behalf of the participating Minors after discussing each section with them, indicating that both the Minor and the Parent/Guardian/Legal Representative agree to each section.

____ **I state that I am not now under the influence of any chemical substance including alcohol, and I will not be under the influence of any substance when participating in the challenge course program.** I realize participating in the Challenge Course / Climbing Structure / Adventure Based Activities while under the influence of a substance would endanger others and me.

____ **I am aware that I might be photographed and/or videotaped during my participation,** and authorize such photographs and/or videotapes to be used by Pilgrim Park Camp in training and/or promotional materials at any point in the future**.** I understand that my name will *not* be used and/or published in any way, and that I will *not* receive compensation for the use of such photographs and/or videotapes.

____ **I give my consent to Pilgrim Park Camp employees and to emergency medical personnel to treat me if they deem it to be necessary.** I authorize Pilgrim Park camp staff to secure such medical advice and services as they feel necessary for my health or well-being. I give permission for emergency anesthesia and/or surgery that might be necessary due to an illness or injury occurring during my participation.

____ **I agree to accept financial responsibility for any medical expenses and/or loss of income** not covered by my Insurance Policy that occurs as a result of my participation in the challenge course program.

RELEASE OF LIABILITY

____ **I understand that Challenge Course / Climbing / Adventure Based activities are, by their nature, physically and emotionally demanding**, and that participating in the challenge course program may involve risks such as walking, bending, twisting, pulling, lifting, running, jumping, climbing, swinging, increased heart or breath rates and/or physical contact with others.
I understand that although Pilgrim Park Camp staff will make every reasonable effort to minimize exposure to known risks, not all dangers and hazards can be foreseen (i.e. cuts, bruises, scrapes, fractures, dislocations, fatalities, etc.). I am aware that certain risks and dangers exist in the activities that are beyond the control of Pilgrim Park Camp and their employees.
I understand that I have the right and the responsibility to limit my participation in any activity that I believe will compromise my safety, and agree to notify a Pilgrim Park Camp employee if I have safety concerns. Pilgrim Park Camp practices the "Choose Your Challenge" philosophy. This means, if I choose to physically participate in any of the activities, I voluntarily assume all risks associated with such participation.
I understand that Pilgrim Park Camp staff has the right to deny my participation and that it is my responsibility as a Participant to follow the instructions, guidelines and procedures established by the Facilitator(s)/Trainer(s). If, at any time, I do not understand or have not heard specific instructions given by the Facilitator(s)/Trainer(s), I realize that it is my responsibility to ask for clarification and/or assistance before any participation.

____ **I understand and assume all dangers and risks (both known and unknown) associated with my participation in the challenge course program and waive, release and discharge Pilgrim Park Camp and their agents, officers and employees from all claims or causes of action arising from my participation.** I do hereby release Pilgrim Park Camp and their agents, officers, and employees from any and all liability, even if arising from the negligence of the releases, and agree to indemnify and hold Pilgrim Park Camp harmless for any accidents, injury, loss or damage of property, and from any legal fees that I may ever have as a direct or indirect result of participating in the challenge course program. This release, indemnification, and waiver shall be construed broadly to the maximum extent under applicable law.
My signature on this document is also intended to bind my representatives, administrators, successors, heirs, next of kin and assigns on my behalf.

By signing below, I am agreeing that I have carefully read and agree to all of the sections initialed above. I am also verifying that the information listed on the Health History Form is complete and accurate to the best of my knowledge.
(Please additionally complete the Health History Form prior to signing this document).

_____ _____
PARTICIPANT SIGNATURE (minors must sign) **DATE**

_____ _____ _____
Parent/Guardian/Legal Representative Signature **Relationship** **Date**
(Required if Participant is under 18 years of age)

PILGRIM PARK CAMP & CONFERENCE CENTER PARTICIPANT HEALTH HISTORY

(All grade levels for low initiative course and grades 6th through 12th for high ropes course)

NAME: _____ **DATE:** _____

ADDRESS: _____

INSURANCE COMPANY: _____

Please Read: This form is intended to remind leaders and participants of the seriousness of attempting challenge course / climbing / adventure activities with an old, preexisting injury, a heart condition or other condition, which might be aggravated by the event.

	Question	Response
1.	Does your child have any preexisting injuries (Ankles, knees, back, etc.) that might be aggravated by participating?	Yes No
2.	Is your child taking any current medications?	Yes No
3.	Does you child have any heart problems or heart medications?	Yes No
4.	Does your child have high blood pressure?	Yes No
5.	Does your child have any physical limitations?	Yes No
6.	Does your child have any allergies, or reactions to medications?	Yes No
7.	What is your child's current level of activity at home?	Low Med High

If you answer YES to any question above please discuss that item with your group leader.

Please include any additional information that you feel is relevant: _____

_____

_____

_____

_____

_____

PARTICIPANT SIGNATURE (minors must sign) **DATE**

_____

PARENT/GUARDIAN/LEGAL REPRESENTATIVE SIGNATURE **RELATIONSHIP** **DATE**
(Required if Participant is under 18 years of age)

_____

IN CASE OF EMERGENCY WHO DO WE CONTACT / PHONE RELATIONSHIP

_____

IN CASE OF EMERGENCY WHO DO WE CONTACT / PHONE RELATIONSHIP

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(Camp Utilization Only)

Program Attended_____

Event Date _____

Instructor's _____