2017 Summer Camp Registration Form

Christian Church (Disciples of Christ) Illinois/Wisconsin

Please fill out a *separate form for each camp* that you are attending. You are not considered registered until this completed form with all signatures and full payment are received by the CCIW. Registration deadline is **May 13, 2017**.
Early Bird Discount (savings of $25.00) will be applied if postmarked by April 29, 2017.

Camper's Name_____
Last Name First Name Middle Nickname

Church Affiliation_____**City**_____

Current Grade ____ **Age** _____ **Birthdate** (MM/DD/YYYY) _____/_____/_____ **Gender** ____M ___ F

Address_____**City**_____**State**_____**ZIP**_____

Phone (_____) _____-_____**E-mail address**_____

T-SHIRT SIZE

Youth M____Youth L_____Adult S_____Adult M_____Adult L____Adult XL____Adult XXL____Adult XXXL_____

Check Camp Name, Location and Date Requested

(X)	CAMP NAME	GRADES	LOCATION	DATES	EARLY BIRD / FULL RATE
	Family Camp	All	Camp Walter Scott	May 26-29	See Family Camp Form
	CYF	9th – 12th	Camp Walter Scott	June 11-17	$330.00 / $355.00
	Grandparents and Me	K-5th	Camp Walter Scott	June 18-21	Adult- $165 Child- $130
	Beginners	K-2nd	Camp Walter Scott	June 21-24	$185.00 / $210.00
	JYF	3rd-5th	Pilgrim Park	June 25-July 1	$350.00 / $375.00
	Beginners	K-2nd	Pilgrim Park	July 2-5	$190.00 / $215.00
	Chi-Rho	6th-8th	Pilgrim Park	July 2-8	$350.00 / $375.00
	CYF	9th-12th	Pilgrim Park	July 2-8	$350.00 / $375.00
	Chi-Rho	6th-8th	Camp Walter Scott	July 16-22	$330.00 / $355.00
	JYF	3rd-5th	Camp Walter Scott	July 23-29	$330.00 / $355.00
	Post-High	18-28 yrs	Camp Walter Scott	July 28-30	$105
	Family Camp	All	Camp Walter Scott	September 1-4	See Family Camp Form

Custodial Parent/Legal Guardian (During Camp)

Name_____

Address_____City_____State_____ZIP_____

Home Phone (____) _____-_____Office (____) _____-_____Cell (____) _____-_____

For office use only

ID#_____Date App. Received_____Date Entered_____

Ck#_____ Ck Amt_____ Pd by_____

CCIW CAMPER PLEDGE

(*All three signatures are required*.)

Camper:	**Parent/Guardian:**	**Pastor:**
I agree to participate fully in the camp program, to cooperate with the camp Leaders, and to attend the entire camp event. I will not bring electronic devices, TV's, firearms, knives, food, fireworks, electronic games, alcohol, or drugs (except those listed under health information). I understand that if I do not abide by camp policy, I may be sent home at my parents' expense.	I give my consent for my child to attend the camp indicated above and to participate fully in the program. I have discussed with my child what is/is not appropriate to bring to camp. I fully understand that should my child commit a serious infraction of camp rules, I will arrange to remove my child from camp at the request of the camp director or regional staff at the earliest possible opportunity.	I understand that the camping program is an integral part of the education ministry of the total church. Therefore, I will help this camper understand the purpose of church camping before he/she attends and will talk to him/her following camp to reflect on its events and meaning, If there are emotional or family issues that might affect the camper or the camp; I will inform the director about those before camp begins. ___Child is guest and Church affiliation is unknown.
_____ *(Signature of Camper)* Date: _____	_____ *(Signature of Parent or Guardian)* Date: _____	_____ (Signature of Pastor) Date: _____

PUBLICITY RELEASE

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.)

ADDITIONAL INFORMATION

- I would like to room with: _____

  (*Final assignment at director's discretion.*)

- Any additional information that would be beneficial for camp staff to know:

_____

_____

_____

_____

_____

_____

_____

CCIW CAMP HEALTH INFORMATION

*The Health History Record is to be completed and signed by the parent/legal guardian(s) of camper 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. In order to provide the best care for all participants, updates or changes to the information on the form is the responsibility of the parent/legal guardian's.*

Camper's Name _____

INSURANCE SECTION (Fill this section completely to expedite medical treatment.)

Insurance Company_____ Group #_____

Claim Address _____ Phone # _____

Individual/Parent's Policy # _____Relation of camper to policy_____

Other Insurance Information_____

Emergency contact name _____ Relation to camper_____

Emergency contact phone numbers Home _____ Work _____ Cell _____

FAMILY DOCTOR INFORMATION

Name of Family Physician _____ Phone _____

Other Doctors _____Specialty _____ Phone _____

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? _____

CCIW CAMP HEALTH HISTORY RECORD

HEALTH HISTORY 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 _____

CURRENT HEALTH QUESTIONS

A. Is the camper currently under a physician's care for any medical problem? **Please check** □ Yes □ No

B. Is camper taking any form of medication? **Please check** □ Yes □ No

List Drugs and Dosages: _____

_____

C. Detail any physical, mental, behavioral, or emotional limitations: _____

_____

D. Has the camper ever require psychological/psychiatric counseling (including depression), hospitalization or medication? **Please check** □ Yes □ No

If yes, please specify: _____

E. 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*._____

_____

F. Has the camper been exposed to any contagious diseases? **Please check** □ Yes □ No

If so, please specify _____

G. Has the camper had any recent illnesses? **Please check** □ Yes □ No

If yes, please detail. _____

PARENTS/GUARDIAN'S:

During camp check-in, all medications (prescription and over the counter) must be turned in to the camp staff. Medications must be kept in original containers, including original labels and instructions. If your child is using multiple medications, please keep them in the original containers and placed in a zip lock bag. Mark your child's name in permanent marker on the bag. All medications will be stored and locked in the camp health office.

CCIW MEDICAL AUTHORIZATION FORM

MINOR MEDICAL AUTHORIZATION

CCIW, Camp Walter Scott, Pilgrim Park, Off-Site Camps and the staff may give my child Tylenol, Ibuprofen, Benadryl, and or a topical solution to treat them for minor aches, pains, and ailments as they become evident. The Camp Director, Nurse, or the Physician on call will administer all medications in accordance with manufacturer's directions.

□ YES □ NO (Parent's Signature if under 18) **X** _____

EMERGENCY MEDICAL AUTHORIZATION

I _____ (Adult or legal guardian's name) hereby authorize CCIW, Camp Walter Scott, Pilgrim Park, Off-Site Camps and the staff to seek and authorize emergency medical treatment for _____(Name of camper). 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 (Parent's signature if under 18) **X**_____

Do not bring/send your child to camp if they are ill or show signs of becoming ill. If your child is reported to have a contagious disease, he/she will be isolated from the camping community and you will be notified of the situation and asked to take your child home. CCIW, Camp Walter Scott, Pilgrim Park and Off-Site Camps and the staff reserve the right to check campers/staff and to protect the health of all campers and camp personnel.

MAKE CHECKS PAYABLE TO:

CCIW

RETURN ALL COMPLETED FORMS WITH SIGNATURES and FUNDS TO:

CCIW

ATTN: CAMP REGISTRAR

401 W Jefferson St. Bloomington IL, 61701

Camper will not be considered registered if there is missing information or blank signatures.

Full payment must accompany registration form.

CAMPER RELEASE FORM

(This form must be completed & signed for ALL campers)

Camper Name: _____

CCIW cannot release any camper to go home without the following information. Campers will not be release to anyone except a parent/guardian or the people listed below. **Please note a photo ID and signature may be required at the time of pick-up.**

- Parents/Guardians:_____
- I hereby grant CCIW permission to release my child to the following adult at the conclusion of camp or in case of emergency:

Name_____

Address_____

City_____State_____Zip_____

(_____)_____(_____)_____

Daytime Phone Evening Phone

Name_____

Address_____

City_____State_____Zip_____

(_____)_____ (_____)_____

Daytime Phone Evening Phone

- Is there someone to whom the camp is forbidden to release your child? ___Yes ___No
  If yes, please specify:_____

- If you will be away from home during the time your child is at camp (vacation, business meeting, etc.), please give us the address and telephone number where you can be reached:

Address_____

City_____State_____Zip_____

(_____) _____ (_____)_____

Daytime Phone Evening Phone

(To be completed at time of pick up.)

Signature of *adult at time of pick-up*:

X_____ _____ ____/____/____

Signature Relationship Date

Signature of *camp staff authorizing form*:

X_____ _____ ____/____/____

Signature Print Name 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 _____