2019 Summer Camp Registration Form

Christian Church (Disciples of Christ) in Illinois and 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. All registrations received (or postmarked, if mailed) after **May 15, 2019** will incur an additional $25.00 per camper. Registration closes 2 weeks before the beginning of each camp.
All camps will be held at Camp Walter Scott

Camper's Name_____
Last Name First Name Middle Name/Initial Nickname

Church Affiliation_____ **City**_____

Current Grade_____ **Age**_____ **Date of Birth** (MM/DD/YYYY)_____ **Gender**_____

Address_____ **City**_____

Phone_____ **Email Address**_____

T-Shirt Size
Youth M ___ **Youth L** ___ **Adult S** ___ **Adult M** ___ **Adult L** ___ **Adult XL** ___ **Adult XXL** ___ **Adult XXXL** ___

Make Camp Selection

(X)	Camp	Grades	Dates	Rate (per camper)*
	Memorial Day Family Camp	All Ages	May 24 – 27	See Family Camp Form
	Camp Acts (Service Week)	See Camp Acts Form	Jun 2 – 8	See Camp Acts Form
	CYF	9th to 12th (Completed)	Jun 9 – 15	$375
	Grandparents & Me	K to 5th (Completed) & Grandparents	Jun 23 – 26	$150 (Children) $180 (Adult)
	Beginners	K to 2nd (Completed)**	Jun 26 – 29	$225
	Chi-Rho	6th to 8th (Completed)	Jul 7 – 13	$375
	JYF	3rd to 5th (Completed)**	Jul 14 – 20	$375
	Post-High	Young Adults 19 to 30	Aug 2 – 4	$135
	Labor Day Family Camp	All Ages	Aug 30 – Sep 2	See Family Camp Form
**All registrations received after May 15, 2019 will incur an additional $25 per camper.*				
*** For children who have completed 3rd grade, parents have the option of either Beginners or JYF Camps (but not both).*				

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***_____

Check#_____ ***Check Amount***_____ ***Paid By***_____

CCIW Camper Pledge *(All three signatures 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 & singed 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:

  Address_____

  City_____ State_____ Zip_____

  (_____) _____ (_____) _____

  Daytime Phone Number Evening Phone Number

  Address_____

  City_____ State_____ Zip_____

  (_____) _____ (_____) _____

  Daytime Phone Number Evening Phone Number

- 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 Number Evening Phone Number

(To be completed at time of pick-up)

Signature of adult at time of pick-up:

X_____ _____ ____/____/____

Signature *Relationship* *Date (MM/DD/YYYY)*

Signature of camp staff authorizing form:

X_____ _____ ____/____/____

Signature *Relationship* *Date (MM/DD/YYYY)*