

2008

Chicagoland SUMMER CAMP REGISTRATION & MEDICAL FORM

Pay by July 1, 2008

A \$10 per Camper late fee is due if this application and full payment is not received or postmarked by July 1, 2008

CAMPER'S NAME	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH	AGE AS OF 7/30/08	GRADE COMPLETED AS OF 7/30/08 3 4 5 6 7 8 9 10 11 12
STREET ADDRESS	T-Shirt size: <input type="checkbox"/> Adult S <input type="checkbox"/> Adult M <input type="checkbox"/> Adult L <input type="checkbox"/> Adult XL <input type="checkbox"/> Adult XXL	E-MAIL ADDRESS (only if you authorize it to be listed in Camp Directory)		
CITY STATE ZIP		@		
HOME PHONE ()		PARENTS' NAMES	()	WORK PHONE

↑ T-SHIRT IS INCLUDED IN CAMP FEE

If possible, assign me to the same cabin/tent as: (limit 2) (1) _____ (2) _____

Calculate your Camp Fees below:

Fees for all members of the same household/family may be included on a single form.

Check here if this camper's fees are included on another application.

NOTICE: Campers are grouped according to age. If you request to be with someone younger, you may be assigned to a lower age group. If you request to be with someone older, that person must agree to move down to be with your age group. Please make your requests on this form—**not after you arrive at Camp.** While we do our best to accommodate reasonable requests, it is not always possible or in the best interest of the Camp, and we make no guarantees your request will be granted.

IMPORTANT NOTICE:

1. Full camp fees refundable upon request through 7/1/08. After 7/1/08 \$25 per camper is non-refundable. After 7/15/08 there will be no refunds except in emergency situations.
2. If additional Fund-Raising Credit is earned after full payment is made, a refund will be issued.

CAMPER AGREEMENT I, the undersigned camper, agree to respect and abide by all rules of the Chicagoland Summer Camp.

Camper's signature 

IN CASE OF EMERGENCY NOTIFY: _____ TELEPHONE _____

Medical Information & Parental Consent Form

- Yes No** May we give this camper Tylenol for a headache or fever? _____
- Yes No** Has this camper been hospitalized or treated by a physician within the last year? If yes, why? _____
- Yes No** Has this camper had a tetanus shot in the last five (5) years? _____
- Yes No** Does this camper have any known allergies? (Example: Food, medicines, pollen, etc.) If yes, what? _____
- Yes No** Is this camper currently taking medication? If yes, what? _____ How Often? _____
- Yes No** Will he/she be bringing medication to camp? (ALL MEDICATIONS ARE TO BE TURNED IN TO THE NURSE).
- Yes No** Does this camper have any physical or medical condition that we should know about (something that might limit participation in any camp activity)? If yes, what? _____
- Yes No** Is this camper covered by hospitalization insurance? If yes, supply the following information:

INSURANCE COMPANY _____	POLICY NUMBER _____	INS. CO. PHONE _____
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I hereby give permission for my child to be transported by bus in order to attend worship services on Sunday evening and Wednesday night.

I hereby authorize the Camp Nurse or physicians, nurses, and assistants of the local hospital or emergency service to perform all treatments and procedures as ordered or deemed necessary in the case of accident or injury to the person of the camper listed above in the case of an emergency.

Signature _____ Date _____ Relationship to camper _____

Make checks payable to Chicagoland FCBC and mail to:

KEITH BARCLAY, 303 Oakdale Ave., Normal, IL 61761 • (309) 452-6192 • e-mail: barclay.boosterclub@comcast.net