

# 2010

## Chicagoland SUMMER CAMP REGISTRATION & MEDICAL FORM

### Pay by June 26, 2010

A \$10 per Camper late fee is due if this application and full payment is not received or postmarked by June 26, 2010

THIS SECTION FOR REGISTRAR'S USE ONLY

DATE APP RECEIVED \_\_\_\_\_  INFO ENTERED  
REPLY MAILED \_\_\_\_\_  EXPRESS CHECK-IN  
 FIRST-YEAR CAMPER  NO CANTEEN DEPOSIT  
 NEED SIGNATURE  BALANCE DUE

CAMPER'S NAME	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH	AGE 7/1/10	GRADE COMPLETED (H.S. Class) AS OF 7/1/10
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			3 4 5 6 7 8 9 10 11 12 ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ '19 '18 '17 '16 '15 '14 '13 '12 '11 '10
CITY STATE ZIP		CAMPER E-MAIL ADDRESS (only if you authorize it to be listed in Camp Directory) @		
HOME PHONE ( )		PARENTS' NAMES	WORK PHONE ( )	
T-SHIRT IS INCLUDED IN CAMP FEE ↑		PARENTS' E-MAIL:	@	

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.

NUMBER OF CAMPERS IN HOUSEHOLD:	
<input type="checkbox"/> 1 \$170; <input type="checkbox"/> 2 \$280; <input type="checkbox"/> 3 or more \$390	= \$
Early Check-Out Cleanup Fee ___ x \$ 7.00	=
Camp Video DVD only (optional) ___ x \$12.00	=
Sub-Total	\$
Credit Voucher(s) Enclosed	—
<b>TOTAL FAMILY CAMP FEES</b>	<b>\$</b>
Canteen Deposit (optional)	+
Amount Enclosed	\$
Balance Due if paid by 6/26/10	\$
After 6/26/10 Late Payment Fee(s) ___ x \$10.00	=
Balance Due after 6/26/10	\$

**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 6/26/10. After 6/26/10 \$25 per camper is non-refundable. After 7/10/10 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 \_\_\_\_\_