

# 2016 Registration Form — **COMPLETE BOTH SIDES**

**OR Save Time: Register ONLINE at [www.DuBoisCenter.org](http://www.DuBoisCenter.org)**

Complete one form per Youth Camper. If needed, make additional copies.

**Complete and mail with fee (\$50 minimum per person) to:**

ISC DuBois Center, 1312 Broadway, Highland IL 62249

Fax to: 618.654.4054 • Scan & Email to: [register@DuBoisCenter.org](mailto:register@DuBoisCenter.org) • 618.654.4052

**CAMPER'S NAME** \_\_\_\_\_ Gender \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Grade completed as of June 2016 \_\_\_\_\_

Number of previous summers at DuBois Center \_\_\_\_\_

How did you hear about DuBois Center? \_\_\_\_\_

Church Name \_\_\_\_\_ Church City \_\_\_\_\_

Camper lives with:  Both Parents  Mother  Father  Other: \_\_\_\_\_

**PARENT / GUARDIAN NAME #1** \_\_\_\_\_

Email Address \_\_\_\_\_ (choose only one email)  
 Use for email confirmation

Phone #1 (\_\_\_\_\_) \_\_\_\_\_ Phone #2 (\_\_\_\_\_) \_\_\_\_\_  
 Cell  Home  Work  Cell  Home  Work

**PARENT / GUARDIAN NAME #2** \_\_\_\_\_

Email Address \_\_\_\_\_ (choose only one email)  
 Use for email confirmation

Phone #1 (\_\_\_\_\_) \_\_\_\_\_ Phone #2 (\_\_\_\_\_) \_\_\_\_\_  
 Cell  Home  Work  Cell  Home  Work

**CAMP SESSION(S) SELECTED:**

1st Choice: Session \_\_\_\_\_ Dates \_\_\_\_\_ Code \_\_\_\_\_

2nd Choice: Session \_\_\_\_\_ Dates \_\_\_\_\_ Code \_\_\_\_\_

IF POSSIBLE, please put in cottage/cabin with: \_\_\_\_\_

*(List only one friend. Friends must request each other.)*

**Briefly** describe any significant medical concerns or food allergies, recent trauma, life changes, or physical limitations. (Include **details** on the Health History form that will be sent with Confirmation Packet.)

\_\_\_\_\_  
\_\_\_\_\_

**Just You & Me** Camper #2 \_\_\_\_\_ Birth date \_\_\_\_\_ Age \_\_\_\_\_  
**Camper**

# Early Bird Deadline: **April 5** 2016 Camp Registration Form — Page 2

Complete Both Sides – **OR** – Register ONLINE at [www.DuBoisCenter.org](http://www.DuBoisCenter.org)

**CAMPER'S NAME** \_\_\_\_\_

**EMERGENCY CONTACTS** (in case parents cannot be reached):

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone #1 (\_\_\_\_\_) \_\_\_\_\_ Phone #2 (\_\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone #1 (\_\_\_\_\_) \_\_\_\_\_ Phone #2 (\_\_\_\_\_) \_\_\_\_\_

Will parents/guardians be home during camp session?  Home  Away \_\_\_\_\_

**T-SHIRT: ALL Campers!!** Circle Size(s): YOUTH: S M L ADULT: S M L XL 2XL 3XL

**DISCOUNTS**  Early Bird – Register with Deposit by **April 5**  Family – 3 or more  
 First-time Friend: Name of Friend(s) \_\_\_\_\_

Fee Total \$ \_\_\_\_\_ Family Share \$ \_\_\_\_\_ Church's Share (if applicable) \$ \_\_\_\_\_

**AMOUNT ENCLOSED** \$ \_\_\_\_\_  Check enclosed  Discover  MasterCard  
Total FAMILY SHARE of fee is due 14 days prior to camp session.  Visa  American Express

Credit Card# \_\_\_\_\_ Exp. Date \_\_\_\_\_ CSC code \_\_\_\_\_

**PARENT/GUARDIAN AGREEMENTS AND AUTHORIZATIONS** (initial statements & sign)

initial The named camper(s) has my permission to engage in all camp activities except as noted on the medical forms.

initial I agree to complete and submit medical forms at least 14 days prior to the beginning of the camp session.

initial I agree to pay the Family Share of the total camp fee at least 14 days prior to the beginning of the camp session.

initial I give permission for the named camper(s) to be photographed or electronically recorded for future interpretive and promotional efforts by DuBois Center, the Illinois South Conference of the United Church of Christ or their designated agents.

initial We (parent & guardian) understand there is a policy prohibiting campers from having cell phones at camp.

initial I give permission for the named camper(s) to participate in horse-related activities. Under the Equine Activity Act (Illinois P.W.A. #89-0111) each participant who engages in an equine activity expressly assumes the risks of engaging in and legal responsibility for injury, loss or damage to person or property resulting from the risk of equine activities.

initial We (parents/guardians & campers) understand policies prohibiting campers from engaging in behavior that is illegal or harmful to themselves or others. We also understand that campers may be sent home for breaking camp rules and there will be no refund of the camp fee.

**X** \_\_\_\_\_  
Signature of Parent/Guardian (PLEASE PRINT) Name of Parent/Guardian Date

**Office Use Only** Date Received \_\_\_\_\_ Date Processed \_\_\_\_\_  
Discount #1 \_\_\_\_\_ Discount #2 \_\_\_\_\_ Scholarship \_\_\_\_\_  
Payment Received: Family \_\_\_\_\_ Church \_\_\_\_\_ CC Authorization #: \_\_\_\_\_