

# 2018 Camp 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

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

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

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

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

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Grade completed as of June 2018 \_\_\_\_\_

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 \_\_\_\_\_  Use for email confirmation (choose only ONE email)

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

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

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

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 Profile.)

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

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

**Early Bird  
by April 5!**

# 2018 Camp Registration Form — Page 2

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

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

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 Discount**

**First-time Friend:** Name of Friend(s) \_\_\_\_\_

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

**Care & Share** -- To support the true cost of camp & provide scholarships, we are including \$ \_\_\_\_\_

**TOTAL 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)

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

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

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

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

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

         I give permission for the named camper(s) to  
*initial* 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.

         We (parents/guardians & campers) understand  
*initial* 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 \_\_\_\_\_