

2018 Camp Registration Form — **COMPLETE BOTH SIDES**

OR Save Time: Register ONLINE at 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 • 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 _____ (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 Profile.)

Just You & Me Campers Camper #2 _____ Birth date _____ Age _____

**Early Bird
by April 5!**

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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 _____