

2020 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 payment (\$50 minimum per person) to:

ISC DuBois Center, 1312 Broadway, Highland IL 62249

OR Scan & Email to: register@DuBoisCenter.org

CAMPER'S NAME _____ Gender _____

Street Address _____

City _____ State _____ Zip _____

Birth Date _____ Age _____ Grade completed as of June 2020 _____

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 be within 1 year of age & 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 & call DuBois Center ASAP at 618.787.2202.)

Just You & Me Adult Camper Name _____ Birth date _____

Address & Phone _____

(if different from camper)

**Early Bird
By April 1**

2020 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: Circle Size(s): **YOUTH:** S M L XL **ADULT:** S M L XL 2XL 3XL 4XL

DISCOUNTS **Early Bird** — Register with Deposit by **April 1** **Family Discount**

First-time Friend: Name of Friend(s) _____

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

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)

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 and their designated agents.

initial We (parent/guardian & 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.

initial We (parent/guardian & campers) acknowledge and support the policy prohibiting campers from bringing cameras and cell phones to 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 I understand that the Illinois South Conference of the United Church of Christ does not discriminate on the basis of age, race, national origin, religious background, sexual orientation, or gender identity. To the extent possible, the ISC UCC endeavors to accommodate those with a variety of physical, mental, emotional, medical, or dietary needs.

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

Office Use Only

Date Received _____ Date Processed _____