

NAME of: Camper #1 _____ Sex _____ Date of Birth _____

of Previous Summers at DuBois Center _____ Grade COMPLETED as of June 2019 _____ Age _____

Camper Lives with: Both Parents Mother Father Other: _____

Camper Receives: SNAP TANF IL Medical Services Other: _____

1st Choice: Session _____ Dates _____ Code _____

2nd Choice: Session _____ Dates _____ Code _____

T-Shirt Size (circle one)

Youth: S M L

Adult: S M L XL 2X 3X

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

If possible, put in cottage/cabin with:

List only one friend.

NAME of: Camper #2 _____ Sex _____ Date of Birth _____

of Previous Summers at DuBois Center _____ Grade COMPLETED as of June 2019 _____ Age _____

Camper Lives with: Both Parents Mother Father Other: _____

Camper Receives: SNAP TANF IL Medical Services Other: _____

1st Choice: Session _____ Dates _____ Code _____

2nd Choice: Session _____ Dates _____ Code _____

T-Shirt Size (circle one)

Youth: S M L

Adult: S M L XL 2X 3X

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

If possible, put in cottage/cabin with:

List only one friend.

NAME of: Camper #3 _____ Sex _____ Date of Birth _____

of Previous Summers at DuBois Center _____ Grade COMPLETED as of June 2019 _____ Age _____

Camper Lives with: Both Parents Mother Father Other: _____

Camper Receives: SNAP TANF IL Medical Services Other: _____

1st Choice: Session _____ Dates _____ Code _____

2nd Choice: Session _____ Dates _____ Code _____

T-Shirt Size (circle one)

Youth: S M L

Adult: S M L XL 2X 3X

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

If possible, put in cottage/cabin with:

List only one friend.

NAME of: Camper #4 _____ Sex _____ Date of Birth _____

of Previous Summers at DuBois Center _____ Grade COMPLETED as of June 2019 _____ Age _____

Camper Lives with: Both Parents Mother Father Other: _____

Camper Receives: SNAP TANF IL Medical Services Other: _____

1st Choice: Session _____ Dates _____ Code _____

2nd Choice: Session _____ Dates _____ Code _____

T-Shirt Size (circle one)

Youth: S M L

Adult: S M L XL 2X 3X

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

If possible, put in cottage/cabin with:

List only one friend.

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PARENT / GUARDIAN NAME #1 _____

Email Address _____ Use Email for Confirmation Packet? Yes No

Phone #1 (_____) _____ Cell Home Work Phone #2 (_____) _____ Cell Home Work

PARENT / GUARDIAN NAME #2 _____

Email Address _____ Use Email for Confirmation Packet? Yes No

Phone #1 (_____) _____ Cell Home Work Phone #2 (_____) _____ Cell Home Work

Preferred Method of Correspondence Email Mail (USPS) *If via email, be sure to check one of the email boxes above.*

Will parents/guardians be away from home during camp session(s)? _____

How did you hear about DuBois Center? _____

Emergency Contact (if parents/guardians cannot be reached):

Name _____ Relationship _____

Phone #1 (_____) _____ Phone #2 (_____) _____

PARENT / GUARDIAN AGREEMENTS AND AUTHORIZATIONS

Parent/Guardian Initials for EACH camper by number designated on front REQUIRED.

#1	#2	#3	#4
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- The named camper has my permission to engage in all camp activities except as noted on the medical forms.
- I agree to complete and submit all **MEDICAL FORMS** at least 14 days prior to the beginning of the camp session.
- I give permission for the named camper 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.
- We (parent/guardian & camper) acknowledge and support the policy prohibiting campers from bringing cameras and cell phones to camp.
- I give permission for the named camper 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.
- We (parent/guardian & camper) 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.



SIGNATURE OF PARENT/GUARDIAN

(Please Print) NAME OF PARENT/GUARDIAN

DATE

OFFICE USE ONLY: Date Received _____ Date Processed _____