

# Camp Chicago 2020 Registration

## Complete *Paper Copy* Registration should include all of the following:

- Camper Registration form (this page)
- Camp Chicago Community Covenant (page 2)
- Health Information forms (page 3-4)
- DHS Illinois School Physical Form including Physical (Pages 5-6) Completed after July 1, 2018
- Copy of immunization record
- Photocopy of Health Insurance card
- Stronghold Release Waiver (page 7)
- Registration Payment (\$525 per camper/session)
- Title XX Scholarship Application (if qualified – pg. 8)

<b>Camper Name (print)</b>	
<b>Session</b>	<input type="checkbox"/> 1 June 28 - July 3 (ages 7-17) \$525 <input type="checkbox"/> 2 July 5 - 10 (ages 7-15) \$525 <input type="checkbox"/> 3 July 12 - 17 (ages 7-15) \$525 <input type="checkbox"/> 4 LIT June 28 - July 3 and July 5-10 (ages 16-17) \$875
<b>Scholarship</b>	<input type="checkbox"/> We are applying for <b>Title XX Scholarship</b> Funding. (Please submit application.) <input type="checkbox"/> We are requesting a <b>Partial Scholarship</b> from the diocese of Chicago. (Please describe your financial need below. Attach extra paper if needed.)
<b>Gender</b>	
<b>Date of Birth</b>	
<b>Age (at time of camp)</b>	
<b>Grade in school (2018-2019)</b>	
<b>Address</b>	
<b>City, State, Zip code</b>	
<b>Parish / Church</b>	
<b>CAMPER Cell Phone #</b>	
<b>CAMPER Email Address</b>	
<b>Parent/Guardian Email Address</b>	<input type="checkbox"/> Youth size <input type="checkbox"/> Adult size <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> 2XL
<b>T-shirt size</b>	

Emergency Contact	Name (Please print)	Daytime Phone #	Evening Phone #	Cell Phone #
<b>Parent/Guardian 1</b>				
<b>Parent/Guardian 2</b>				
<b>Emergency Contact/ Relationship?</b>				

- Registration/Payment received after May 31, will pay \$20 late fee. Registration closes June 11, 2018
- Return registration and payment to: Chad Senuta, Diocese of Chicago 65 E Huron Chicago, IL 60611
- Make checks payable to "Episcopal Diocese of Chicago" with "Camp Chicago" and camper's name in memo line

# Camp Chicago 2020 Community Expectations & Covenant

In order to live out our mission statement, all participants agree to actively participate in all parts of the event and to abide by the standards of the community, which are as follows:

1. I will respect and follow the rules for Camp Chicago at Stronghold Center.
2. I will respect the property of others, and the property of Stronghold Center.
3. I will be an active participant in scheduled activities.
4. I will wear appropriate clothing.
5. I will hand in all prescription medication to the event nurse.
6. I will not engage in verbal or physical fights and will seek to resolve any conflicts with other campers or staff members in a calm and respectful manner.
7. I will not enter sleeping areas other than my own.
8. I will not engage in sexual activity.
9. I will not be in possession of or use alcohol, illegal drugs, or tobacco.
10. I will not bring anything to camp that could be considered a weapon.
11. I will respect Camp Chicago guidelines on cell phone use if I bring one to camp.
12. If I drive to Camp Chicago, I will not drive my car during the week, and I will not go to my car without permission from an adult staff member.

**These Standards apply to all adult and youth participants.**



By signing below I agree that these are reasonable expectations and I will do everything I can to live up to them. If I choose to violate the rules set for the event I am planning to attend, I understand that there will be consequences, which may include my being sent home.

**Participant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

As parent and/or legal guardian of this child I have read the above and believe that he/she is capable of aspiring to and following these community expectations and rules. I also understand that if my child fails to meet these expectations, I will be contacted and asked to bring my child home from the event.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### **Photo/Video Publicity Release Statement**

I agree to grant the Episcopal Diocese of Chicago permission to record on film, videotape, or audiotape, my child's participation in Camp Chicago. I further agree that any or all of the material recorded may be used, in any form, as part of any future production(s) made by the Diocese of Chicago Youth Program, and further that such use shall be without payment of fees, royalties, special credit, or other compensation.

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

# Camp Chicago 2020 Health Information

## Completed Health Information must include:

"DHS Illinois School Physical Form", *which must have a Physical dated and signed no earlier than July 1, 2018*  
 Camp Chicago requires a physical for all campers every 2 years.

Copy of immunization record. This is on the reverse side of the DHS Illinois School Physical form. Or ask Doctor.

<b>Camper Name</b>	
<b>Session</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> LIT
<b>Birthdate and Age at Camp</b>	(_/_/____) ____ Yrs. old
<b>Allergies</b>	<input type="checkbox"/> N/A <input type="checkbox"/> Food <input type="checkbox"/> Medicine <input type="checkbox"/> Environment <input type="checkbox"/> other:
<b>Nutritional/Dietary Needs for Camper</b>	
<b>Behavior Needs for Camper</b>	
<b>Other Notes/Comments</b>	

\*Please include photocopy of insurance card or case # card- **REQUIRED**

<b>Emergency Contact</b>	<b>Name (Please print)</b>	<b>Preferred Phone #</b>	<b>Secondary Phone #</b>	<b>Other Phone #</b>
<b>Parent/ Guardian 1</b>				
<b>Parent/Guardian 2</b>				
<b>Emergency Contact/ Relationship?</b>				

<b>Medications to be administered</b>	<b>Dosage</b>	<b>Times</b>

# Camp Chicago 2020 Health Information (cont.)

<b>Restrictions</b>	<input type="checkbox"/> Can participate without restrictions <input type="checkbox"/> Can participate with the following restrictions or adaptations:
<b>Insurance Company</b>	
<b>Policy Number or Case ID</b>	
<b>Subscriber</b>	
<b>Insurance Company's Phone Number</b>	
<b>Immunization Waiver</b> *You must attach the camper's immunization (shot) records.	If your camper is not fully immunized (shots up to date), you must sign below that you understand and accept the risks to _____ (campers name) of <b>not</b> being fully immunized. Signature of Parent/Guardian _____ Date _____
<b>Additional Comments/Info</b> (Use separate sheet if necessary)	

**Permission to receive OTC medications:** I give my permission for the nurse and/or Health Clerk at Camp Chicago to give my child over the counter medications, such as acetaminophen, ibuprofen, antacid, etc.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### Parent/guardian authorization for health care:

This health history is correct and the person described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission, to the provider, selected by the camp to order x-rays, routine tests, and treatment related to the health of my child in emergency/urgent situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with the camp staff.

Parent/Guardian \_\_\_\_\_ Relationship to Camper \_\_\_\_\_ Date \_\_\_\_\_

### Liability release

In consideration of allowing my/our child to attend and participate in Diocese of Chicago Summer Camp I/we on behalf of myself/ourselves and on behalf of said child do hereby release and discharge the Episcopal Diocese of Chicago, its, officers, ministers, staff, employees and agents and anyone else connected with said organization and Stronghold Center against any loss, expense or judgment said organization or he/she may suffer or incur as a result of any claim or action that may be made or brought by or on behalf of my/our child in connection with or arising out of or suffered during his/her participation in said camp program.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_