

# 2011 CAMP REGISTRATION FORM

Complete, detach and mail with fee (\$50 minimum) to DuBois Center; 2651 QUARRY ROAD; DUBOIS IL 62831  
or Fax to 618.787.7701, Email [duboiscenter@frontiernet.net](mailto:duboiscenter@frontiernet.net), Phone 618.787.2202 with Discover, MasterCard or Visa info.

CAMPER'S NAME \_\_\_\_\_ GENDER \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Street City State Zip

BIRTH DATE \_\_\_\_\_ AGE \_\_\_\_\_ GRADE COMPLETED AS OF June 2011 \_\_\_\_\_

CHURCH NAME \_\_\_\_\_ CHURCH CITY \_\_\_\_\_

Returning Summer Camper? Yes \_\_\_ No \_\_\_ If yes, name of 2010 Counselor \_\_\_\_\_

Camper Lives with: Both Parents \_\_\_ Mother \_\_\_ Father \_\_\_ Other \_\_\_\_\_

Parent Name #1 \_\_\_\_\_ Parent Name #2 \_\_\_\_\_

Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Email Address \_\_\_\_\_

Emergency contacts (if parents cannot be reached): Will parents/guardians be away from home during camp session? \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Briefly describe any medical concerns, recent trauma, life changes or physical limitations that we should be aware of:  
(Include details on Medical Form)

**SESSIONS:** 1<sup>st</sup> Choice – Camp # \_\_\_\_\_ Dates \_\_\_\_\_ Camp Name \_\_\_\_\_

2<sup>nd</sup> Choice – Camp # \_\_\_\_\_ Dates \_\_\_\_\_ Camp Name \_\_\_\_\_

IF POSSIBLE, please put in cottage/cabin with \_\_\_\_\_

**(List only one friend. Friends must request each other.)**

**Just You & Me** Camper #2 \_\_\_\_\_ Birth Date \_\_\_\_\_ Camper #3 \_\_\_\_\_ Birth Date \_\_\_\_\_

**and Family Camp** Camper #4 \_\_\_\_\_ Birth Date \_\_\_\_\_ Camper #5 \_\_\_\_\_ Birth Date \_\_\_\_\_

T-SHIRT - Circle Size(s): YOUTH: M L ADULT: S M L XL 2XL

PAYMENT AMOUNT \_\_\_\_\_ Check enclosed  Visa  MasterCard  Discover

CHURCH'S SHARE (if applicable) \_\_\_\_\_ **(Total FAMILY SHARE of fee is due 14 days prior to camp session)**

CREDIT CARD # \_\_\_\_\_ Exp. Date \_\_\_\_\_

DISCOUNT: Early Bird  Family  First time Friend  Friend's name \_\_\_\_\_

## PARENT AGREEMENTS AND AUTHORIZATIONS:

- The above named camper has my permission to engage in all camp activities except as noted on the Medical Form.
- I agree to return the completed MEDICAL FORM no later than 14 days prior to the beginning of the camp session.
- I agree to the FAMILY SHARE of the total camp fees 14 days prior to the beginning of the camp session.
- I give permission for this camper to be photographed or electronically recorded for future interpretive and promotional efforts by DuBois Center, Illinois South Conference of the United Church of Christ or their designated agents.
- I give permission for this 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 & 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 and there will be no refund of the camp fee.

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_