



If you are unable to register online, please use this checklist and following forms to make sure you send in all the appropriate paperwork to register by mail.

Please note that the following completed forms are needed **for each family member (*unless otherwise specified*)** to register for **family camps**:

- Outdoor Ministries Registration Form
(along with family deposit of \$50.00)
- Health History Record (double-sided)
- Family Permission Statements (Only 1
for the whole family)



Hard Copy Registration Forms



Outdoor Ministries Registration Form
Visit www.il-outdoorministries.org to register online.

Please **PRINT or TYPE** the following information and use a separate form for each person and for each camp event.

Camper

C.I.T.

Staff Child

❖ Camper's Full Name _____

Name or Nickname your child prefers to be called: _____

❖ Mailing Address _____

City/Town _____ State _____ Zip _____

Home Phone (_____) _____ Camper E-mail _____

❖ Date of Birth ____/____/____ ❖ **School Grade Completed** _____ Male Female
Month/Day/Year

❖ For planning purposes, are there any concerns or dietary needs that we should be aware of? Yes No

Please explain _____

❖ Camper lives with: ___ Mother ___ Father ___ Both Parents ___ Other _____

Parent or Guardian's Full Name _____

Parent or Guardian E-mail _____

Church Name _____ City/Town _____

❖ Camp Event Desired: Code # _____ Camp Title _____

❖ Cabin Request (not all camps can honor cabin requests): _____

❖ T-Shirt size: Youth: Small Medium Large

Adult: Small Medium Large X-Large 2X-Large

❖ Check here if this is your camper's first camp experience at either Pilgrim Park or Tower Hill Camp

\$50.00 deposit is required per camper per event to guarantee a spot at camp.
\$50.00 deposit per family (not per family member) is required for family camps.

To Register By Mail: (Registrar, Illinois Conference Outdoor Ministries, 26449 1340 N Ave, Princeton IL 61356-8790)
*Please make your check payable to **Outdoor Ministries***

To Register By Phone: (815-447-2390) or **Fax:** (815-447-2205) or **E-mail:** odmregistrar@gmail.com

❖ Pay by Check: Check Number _____ Amount \$ _____

❖ Charge my (check one) Visa MasterCard Amount \$ _____

Card Number _____ Exp. Date _____ CVS# (3 digits on back) _____

Signature _____ Date _____

Name Printed on Card _____

Mailing Address _____ Zip _____

If your church is going to assist your camper financially, fill in the amount they will be contributing: \$ _____
(Note: Family is responsible for full amount until church portion is paid.)

Pastor's Signature _____ Date _____

Signature Required

I confirm that the information provided is correct to the best of my knowledge. I understand that a **\$50.00 deposit is required per camper** at registration in order to guarantee a spot at camp and the **remaining family balance is due no later than 2 weeks prior to the start of camp.** I understand that if I find it necessary to cancel a registration, cancellations must be made at least 2 weeks prior to the event in order for me to receive a refund and that a \$50.00 will be held as a service fee.

Signature _____ Date _____

Health History Record

This form must be completed & signed for ALL campers, CITs, counselors, directors and site staff.

The health history record is to be completed and signed for all campers participating in Resident Camp Programs. The information on this form is confidential, and will only be used to ensure the health and safety of all participants. Photocopies will be made for off-site trips. **PLEASE PRINT**

| | | | | |
|---|------------------------|-----------------|-----------------------|--------|
| | () | / / | | |
| Name | Home Phone | Date of Birth | Age | Gender |
| Mailing Address | City | State | ZIP | |
| | () | () | () | |
| Mother/Guardian/Spouse (please indicate) | Home Phone | Work Phone | Cell Phone | |
| Mailing Address | City | State | ZIP | |
| | () | () | () | |
| Father/Guardian/Spouse (please indicate) | Home Phone | Work Phone | Cell Phone | |
| Mailing Address | City | State | ZIP | |
| | () | () | () | |
| Additional Emergency Contact, Relationship | Home Phone | Work Phone | Cell Phone | |
| Physician Name | Town | Phone | | |
| | | | / / | |
| Family Medical Insurance Carrier | Policy or Group Number | Name of Insured | Insured Date of Birth | |

Health Conditions: Check those that apply and provide additional information when necessary or mark: None

- | | | | |
|--|--|--|-----------------------------------|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Bleeding/Clotting Disorders | <input type="checkbox"/> Heart Defect/Disease | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Fainting | <input type="checkbox"/> Depression | <input type="checkbox"/> Sickle Cell Trait or Disease | <input type="checkbox"/> ADD/ADHD |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Musculoskeletal Disorders | <input type="checkbox"/> Diabetes (specify) _____ | |
| <input type="checkbox"/> Nosebleeds | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Autism Spectrum (specify) _____ | |
| <input type="checkbox"/> Other (specify) _____ | | | |

Allergies: Check those that apply and provide additional information when necessary or mark: None

- | | |
|--|--|
| <input type="checkbox"/> Animals | <input type="checkbox"/> Insect Stings (specify) _____ |
| <input type="checkbox"/> Latex | <input type="checkbox"/> Food Allergy (specify) _____ |
| <input type="checkbox"/> Plants/Pollen | <input type="checkbox"/> Drug Allergy (specify) _____ |
| <input type="checkbox"/> Other Allergies (specify) _____ | |

Other Information

- | | | | |
|---|--------------------------------------|-------------------------------------|--------------------------------------|
| ❖ Camper wears the following: | <input type="checkbox"/> Hearing Aid | <input type="checkbox"/> Knee Brace | <input type="checkbox"/> Other Brace |
| ❖ Camper has experienced puberty changes: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| ❖ Camper needs assistance walking on uneven ground: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Sometimes |
| ❖ Camper has sleep disturbances: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Sometimes |
| ❖ Camper has nightmares: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Sometimes |
| ❖ Camper sleepwalks: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Sometimes |
| ❖ Camper wets the bed: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Sometimes |
| ❖ Camper has fears that are outstanding: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |

If so, what are they?: _____

Medication for Minors

Should a medical concern arise at Resident Camp, the camp may have the following non-prescription medications available. Please state whether or not the following may be administered to camper on an as needed basis:

(Note: We cannot administer any over-the-counter medication unless granted permission by guardian. Please check box "Yes" if you will allow camp staff to administer that medication. Use the space to the right for any specific directions or dosages you would like the camp to be aware of.)

| | | | |
|--------------------------------------|-----------------------------|------------------------------|-------|
| Acetaminophen/Tylenol | <input type="checkbox"/> No | <input type="checkbox"/> Yes | _____ |
| Ibuprofen/Advil/Motrin | <input type="checkbox"/> No | <input type="checkbox"/> Yes | _____ |
| Naproxen Sodium/Aleve | <input type="checkbox"/> No | <input type="checkbox"/> Yes | _____ |
| Diphenhydramine/Allergy/Benadryl | <input type="checkbox"/> No | <input type="checkbox"/> Yes | _____ |
| Antacids/Tums | <input type="checkbox"/> No | <input type="checkbox"/> Yes | _____ |
| Triple Antibiotic Ointment/Neosporin | <input type="checkbox"/> No | <input type="checkbox"/> Yes | _____ |
| Topical Hydrocortisone | <input type="checkbox"/> No | <input type="checkbox"/> Yes | _____ |
| Topical Antihistamine/Benadryl Cream | <input type="checkbox"/> No | <input type="checkbox"/> Yes | _____ |
| Ear & Eye Drops | <input type="checkbox"/> No | <input type="checkbox"/> Yes | _____ |

Does camper regularly take medication (prescription or non)? No Yes

If yes, please list the medication, dosage, what it is for, and when it is taken. **Note: All medications whether prescribed or over-the-counter, must be in their original containers or packages.** _____

Please specify any dietary needs (such as vegetarian, dietary restrictions, or food allergy) that may be affected at camp. Please contact the camp office before arrival if special food is needed. _____

Is there any information you would like to add regarding the information on this form? Please include anything you may feel is relevant. (If needed, use a separate piece of paper and staple to this form.) _____

Immunization Record

Please provide the month and year for each immunization. Starred (*) immunizations must be current.

| Immunization | Polio | Mumps | Diphtheria | *Tetanus | Pertussis | Measles | Rubella | Hepatitis | Other |
|-------------------------------------|-------|-------|------------|----------|-----------|---------|---------|-----------|-------|
| Date initial immunization completed | | | | | | | | | |
| Date of most recent booster | | | | | | | | | |

Medical Treatment (Signature Required)

I give permission for the camp and medical personnel selected by the camp to provide routine health care; to administer medications; to order X-rays, routine tests, emergency treatment; to release any records necessary for insurance purposes; and to provide transportation to the hospital for me/my child/ward. I also authorize emergency care and treatment to be provided for my child/ward in the event that I cannot be reached. I realize that every effort will be made to contact me before treatment begins.

X _____

*Signature (parent/guardian if minor)

_____ Date

*If for religious reasons you cannot sign this, please contact the camp for a waiver, which must be signed for attendance.

FAMILY PERMISSION STATEMENT

This form must be completed & signed.

All unchecked boxes will be assumed that permission is not given.

Yes No

- I give permission for audio and visual recordings of the applicant (child/ward and/or of myself) to be used by Outdoor Ministries and the Illinois Conference of the UCC for promotional purposes.

Yes No

- I give permission for the Camp Director to include the name (s) and address of the applicant (child/ward and/or of myself) on the camp address list. The camp address list may be distributed to all camp staff and campers.

Please list all participants/family members (Print or type):

First & last names: _____

Please print or type the following information if permission for address list:

First Name: _____ Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: (_____) _____

***Adult Signature REQUIRED:**

X _____

Signature of Adult Participant

Date