

# Outdoor Ministries Registration Form

Visit [www.il-outdoorministries.org](http://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 Prior to Event** \_\_\_\_\_  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 non-refundable deposit is required per camper per event to guarantee a spot at camp.**  
**\$50.00 non-refundable 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 non-refundable 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 the \$50.00 non-refundable deposit 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 ( <b>please indicate</b> )	Home Phone	Work Phone	Cell Phone	
Mailing Address	City	State	ZIP	
	( )	( )	( )	
Father/Guardian/Spouse ( <b>please indicate</b> )	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.

# CAMPER RELEASE

(This form must be completed & signed for ALL campers)

Camper Name: \_\_\_\_\_

Pilgrim Park/Tower Hill cannot release any camper to go home without the following information. Campers will not be released to anyone except a parent/guardian or the people listed below. **Please note a photo ID and signature will be required at the time of pick-up.**

❖ Parents/Guardians: \_\_\_\_\_

❖ I hereby grant Pilgrim Park/Tower Hill permission to release my child to the following adult at the conclusion of camp or in case of emergency:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Daytime Phone Evening Phone

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Daytime Phone Evening Phone

\_\_\_\_\_

X \_\_\_\_\_  
Signature Relationship Date

\*\*\*\*\*

**Signature of adult at time of pick-up**

\_\_\_\_\_  
**Print Name** **Signature**

# PERMISSION STATEMENTS

***This form must be completed & signed for ALL participants.  
All unchecked boxes will be assumed that permission is not given.***

\_\_\_\_\_  
Initials

I give permission for the applicant (myself or child/ward) to participate in **ALL** program activities that may be conducted on/off camp property, as noted in the camp brochure and registration materials. I realize that there is some risk with some activities, transportation and the general public. I realize that there are specific procedures to minimize risk.

**\* Initials above are required for camper to attend camp.**

Yes No

I give permission for the Camp Director to look through the applicant's (mine or child/ward's) belongings with them (myself or child/ward) present, if the health and safety of (myself, child/ward or other's) warrants this action.

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, address and phone number 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 complete the following:

## **Camper Info (please print):**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Camper E-mail: \_\_\_\_\_

## **\*Parent/Guardian Signature REQUIRED:**

X \_\_\_\_\_

*Signature of Participant or Parent/Guardian if under age 18*

*Relationship*

*Date*

*Revised January 2016*

## Confidential Camper Information Questionnaire

Help us get to know your child better so that we can help make camp a positive experience by answering some or all of these questions. Information will only be shared with your child's counselors unless stated otherwise.

Child's Name : \_\_\_\_\_

Camp Event Attending: \_\_\_\_\_

Has your child ever attended summer camp before? **(circle one)** Yes No

If yes, was it a positive or negative experience? Why? \_\_\_\_\_

What does your child enjoy doing and what talents do they have? What do they not enjoy doing?

\_\_\_\_\_  
\_\_\_\_\_

What goals or hopes do you or your child have for camp? \_\_\_\_\_

\_\_\_\_\_

Have there been any changes in your child's/family life this past year? If so, what? \_\_\_\_\_

\_\_\_\_\_

What might help your child feel welcome, safe, loved, and help them adapt to a new environment?

\_\_\_\_\_

\_\_\_\_\_

How can we best support the positive behavior of your child? Are there things we should do or should avoid doing or saying? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If your child becomes upset, what are some ways to help calm them down? \_\_\_\_\_

\_\_\_\_\_

Is there anything else that you would like us to know about your child or family dynamics (i.e. divorce, death, etc.)? \_\_\_\_\_

\_\_\_\_\_

Questions or concerns about camp: \_\_\_\_\_

\_\_\_\_\_

Would you like a director to call you to discuss your child/camp? **(circle one)** Yes No

If yes, best number to reach you at: \_\_\_\_\_

***If you would like to share anything else, please feel free to use the back of this page.***