



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 participant** to register for **youth camps**:

- Outdoor Ministries Registration Form
(along with \$50.00 deposit)
- Health History Record (double-sided)
- Camper Release
- Permission Statements
- Challenge Course Release Form
(double-sided)



Hard Copy Registration Forms



Outdoor Ministries Registration Form

Vist 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.

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

Evening Phone

❖ Is there someone to whom the camp is forbidden to release your child? Yes No

If yes, please specify: _____

❖ If you will be away from home during the time your child is at camp (vacation, business meeting, etc.), please give us the best telephone number where you can be reached:

(_____) _____ (_____) _____

Daytime Phone

Evening Phone

(_____) _____

Cell 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.***

_____ I/We give permission for my child/ward to participate in **ALL** program

Initials

 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/We give permission for the Camp Director to look through my
child/ward's belongings with my child/ward if the health and safety of
my child/ward or other participants warrants this action.

Yes No

I/We give permission for audio and visual recordings of my 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/We give permission for the Camp Director to include the name,
address and phone number of my 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

CHALLENGE COURSE RELEASE FORM
 PARTICIPANT AGREEMENT AND MEDICAL RELEASE FORM
 CLIMBING WALL (COMPLETED 6 GRADE) HIGH ROPES (COMPLETED 6 GRADE)
 LOW INITIATIVE COURSE (ALL GRADES)

NAME: _____

ADDRESS: _____

INSURANCE COMPANY: _____

EMERGENCY CONTACT / PHONE _____ RELATIONSHIP _____

EMERGENCY CONTACT / PHONE _____ RELATIONSHIP _____

Please Read: This form is intended to remind leaders and participants of the seriousness of attempting challenge course / climbing wall / high ropes / adventure activities with an old, preexisting injury, a heart condition or other condition, which might be aggravated by the event.

Question	Response
1. Does your child have any preexisting injuries that may be aggravated by participating? (ankles, knees, back, etc.)	Yes No
2. Is your child taking any current medications?	Yes No
3. Does your child have any heart problems or heart medications?	Yes No
4. Does your child have high blood pressure?	Yes No
5. Does your child have any physical limitations?	Yes No
6. Does your child have any allergies, or reactions to medications?	Yes No
7. What is your child's current level of activity at home?	Low Med High

If you answer YES to any question above, please write brief explanation: _____

By signing below, I am agreeing that I have carefully read and agree to all of the sections initialed above. I am also verifying that the information listed on both pages of this Challenge Course Release Form are complete and accurate to the best of my knowledge. Outdoor Ministry Staff has the right to deny any person or group participation at any time, based on equipment, behavior and medical conditions.

X _____
PARTICIPANT SIGNATURE (minors must sign) **DATE**

X _____
PARENT/GUARDIAN/LEGAL REPRESENTATIVE SIGNATURE **RELATIONSHIP** **DATE**
 (Required if Participant is under 18 years of age)