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Camp Illiana

2008 SUMMER REGISTRATION

Check sessions you plan to attend:

Sessions	Dates	Grade Entering	Fees	Late Date
MAIN CAMPS				
<input type="checkbox"/> Charlie Brown 1	June 14	K-1	\$12	-----
<input type="checkbox"/> Charlie Brown 2	July 26	K-1	\$12	-----
<input type="checkbox"/> Overnighter 1	June 20-21	2-3	\$32	June 6
<input type="checkbox"/> Overnighter 2	August 1-2	2-3	\$32	July 18
<input type="checkbox"/> Junior 1	June 1-5	4-6	\$155	May 18
<input type="checkbox"/> Junior 2	June 15-19	4-6	\$155	June 1
<input type="checkbox"/> Junior 3	July 27-31	4-6	\$155	July 13
<input type="checkbox"/> Junior 4	August 3-7	4-6	\$155	July 20
<input type="checkbox"/> Junior High 1	June 22-27	6-8	\$165	June 8
<input type="checkbox"/> Junior High 2	July 20-25	6-8	\$165	July 6
<input type="checkbox"/> Jr/Sr Hi SPORTS/Music	Jul 6-11	6-8	\$170	June 22
<input type="checkbox"/> Senior High	July 13-18	9-13	\$170	June 29
WILDERNESS TREKS				
<input type="checkbox"/> Basecamp 1	June 15-20	6-8	\$165	June 1
<input type="checkbox"/> Basecamp 2	June 22-27	6-8	\$165	June 8
<input type="checkbox"/> Basecamp 3	July 27- Aug 1	6-8	\$165	July 13
<input type="checkbox"/> Smoky Exp.	June 22-27	10-13	\$240	June 8
<input type="checkbox"/> Canoe Trip	June 29-July 3	15+	\$200	June 15
<input type="checkbox"/> Smoky Exp.	July 18-25	18+	\$200	July 4

****NOTE**** **EARLY DISCOUNT of \$10** if registered by May 15 for a full week of Main Camp!

Name _____ Boy Girl
 Address _____
 City _____ State _____ Zip _____
 E-Mail Address: _____
 Phone () _____ (Mom/Dad) Work Phone () _____
 Birthday / / Age Grade This Fall _____
 Home Church _____ City _____
 Church registering from : _____
 Are You Immersed? Yes No
 Attend Camp Illiana Last Year? Yes No

_____ church will pay \$_____ of camp tuition.
 Minister's Signature _____

Mail Form and Fee to:
 Camp Illiana
 723 E. 450 S., Washington, IN 47501

Minimum amount to accompany card:
 Charlie Brown, Overnights & Wilderness Treks
 --Full Amount--
 All Others - \$30
Balance is due 14 days before Event!

Amounts enclosed with form:	FOR CAMP OFFICE USE ONLY!
Registration fee: \$ _____	Date Rec'd: _____
# of extra Concession Cards: _____	Camp Fee + _____
@ \$6.00 each \$ _____	Discount - _____
Total Enclosed: \$ _____	Camper Deposit - _____
My Church pays: \$ _____	Church Pays - _____
	Camper Balance \$ _____
	Con. cards: # + _____

Be sure to print, complete and send page 2 also!

Medical Information/Consent

(The following information MUST be filled out by the parent/guardian.)

Name _____

Date of last Tetanus Booster: _____

Allergies, including medicines: _____

List any non-prescription medications you do NOT wish your child to have: _____

Medications camper is taking and why: _____

ALL MEDICINE MUST BE IN ORIGINAL CONTAINER AND MARKED CLEARLY WITH CAMPERS NAME AND DOSAGE INSTRUCTIONS

Please list any restrictions that would hinder your child from participation in camp activities: _____

Please list any emotional stress your child has recently experienced: _____

Health Insurance Co.: _____ Policy No: _____

Primary insurance coverage is the responsibility of your own family insurance. Camp provides secondary coverage only.

IN CASE OF AN EMERGENCY: I hereby give permission to the physician selected by the camp management to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named on this card. I understand, however, that every effort will be made to contact me in case of such an emergency and before any such medical treatment is administered. I release and hereby agree to hold blameless Camp Illiana and its directors and agents from any and every claim arising, or which may be asserted by me or by any member of my family by reason of participating in any activities associated with Camp Illiana, including the adventure elements. I hereby release the camp from any responsibility other than normal supervision care. In case of an accident, I will not hold Illiana Christian Assembly or its staff members, management, or officers liable unless guilty of negligence.

Name of Father: _____ Work Phone: _____

Name of Mother: _____ Work Phone: _____

Emergency name and number: _____

Signature of parent/guardian _____ Date _____

(Signature gives permission to use your child's picture in promotional materials.)

Code of Conduct

- 1 The possession and use of tobacco, alcohol, illegal drugs, or any substance to be ingested or inhaled to produce a "high" are not permitted on the camp grounds. Anyone possessing or using items such as these will be sent home.
- 2 Sickness and injury must be reported to the camp nurse immediately. ALL medications, regardless of type, are to be turned in to the nurse upon arrival at camp.
- 3 Cell phones, cd players, ipods, video games, knives, magazines, pets, etc. are to be left at home.
- 4 Clothing: Modesty and decency must prevail. Short or tight shorts, bare midriff, or revealing clothing are not permitted. No spaghetti strap tops. Swimsuits must be one piece.
- 5 Food and drink ARE NOT ALLOWED IN THE DORMS.
- 6 Campers and their parents/guardians will be held responsible for any unnecessary damage to camp property.
- 7 Campers and faculty must sign out at camp office before leaving camp.
- 8 Vehicles driven by campers must be parked and keys turned in to office.
- 9 Telephone is for emergency use only.
- 10 Christian conduct is expected at all times. I have read and fully understand the above code of conduct and I agree to abide by it.

Camper Signature

Parent Signature

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