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# Camp Illiana

723 E. 450 S., Washington, IN 47501 - (812) 254-3322

## 2009 SUMMER REGISTRATION

Check sessions you plan to attend:

Sessions	Dates	Grade Entering	Fees	Late Date
<b>MAIN CAMPS</b>				
<input type="checkbox"/> Charlie Brown 1	June 27	K-1	\$12	-----
<input type="checkbox"/> Charlie Brown 2	July 25	K-1	\$12	-----
<input type="checkbox"/> Overnighter 1	June 19-20	2-3	\$32	June 5
<input type="checkbox"/> Overnighter 2	July 10-11	2-3	\$32	July 26
<input type="checkbox"/> Junior 1	May 31-June 4	4-6	\$160	May 17
<input type="checkbox"/> Junior 2	June 14-18	4-6	\$160	May 31
<input type="checkbox"/> Junior 3	June 28-July 2	4-6	\$160	June 14
<input type="checkbox"/> Junior 4	August 2-6	4-6	\$160	July 19
<input type="checkbox"/> Junior High 1	June 21-26	6-8	\$170	June 7
<input type="checkbox"/> Junior High 2	July 19-24	6-8	\$170	July 5
<input type="checkbox"/> Jr/Sr Hi	Jul 26-31	6-11	\$175	July 12
<input type="checkbox"/> Senior High	July 12-17	9-13	\$175	June 28
<b>WILDERNESS TREKS</b>				
<input type="checkbox"/> Basecamp 1	June 14-19	6-8	\$170	May 31
<input type="checkbox"/> Basecamp 2	June 21-26	6-8	\$170	June 7
<input type="checkbox"/> Basecamp 3	July 26-31	6-8	\$170	July 12
<input type="checkbox"/> Survival Basecamp	June 28-Jul 3	8-10	\$170	June 14
<input type="checkbox"/> Smoky Exp.	June 14-19	10-13	\$245	May 31
<input type="checkbox"/> Canoe Trip	July 5-10	Age 15+	\$245	June 21

**\*\*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 CAMPER'S 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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