

# “Kids’ Summer Camp 2009” Registration Form

Camper’s Name (last): \_\_\_\_\_ (first): \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ Camper lives with (circle one): Mother Father Both Other

Home Phone: (\_\_\_\_) \_\_\_\_\_ Father’s name/work: \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Mother’s name/work: \_\_\_\_\_

Emergency Contact Name/Relationship to camper: \_\_\_\_\_ Emergency Contact Phone: (\_\_\_\_) \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ T-shirt Size (circle one): S M L XL Grade of camper in fall of 2008: \_\_\_\_\_

Insurance Co.: \_\_\_\_\_ Policy Holder: \_\_\_\_\_ Group/Policy #: \_\_\_\_\_

Does the camper have any physical, mental, emotional, or behavioral problems? (Circle one): Yes No (If yes, please attach an explanation)

Is the camper on regular medication? (Circle one): Yes No (If yes, please attach an explanation)

Does the camper have any severe allergies? (Circle one): Yes No (If yes, please attach an explanation)

Food Allergy Policy: Our desire is to create a safe environment for all campers. We will make reasonable efforts so that your child will not have an allergy attack at camp.

## Conditions of Enrollment

1. The camp director reserves the right to dismiss any camper who is in his/her opinion a hazard to the safety and rights of others, or who appears to have rejected reasonable controls of camp.
2. Care is taken for the safety and good health of our campers, but in an event of an accident or illness, Sky Lodge Christian Camp, the camp owners, and the employees of the facilities outside and inside of the camp ground are hereby released of any liability. Each camper must be covered by his/her own personal medical insurance.
3. Sky Lodge Christian Camp requires that campers who have potentially life threatening conditions (such as any kind of allergies) be able to manage their exposure to substances, provide sets of medication, be familiar with its use and carry the medication at all times.
4. In the event of an accident or sudden illness occurring while my child is in camp, I hereby authorize the personnel of the camp, who are trained and certified in emergency first-aid, to obtain medical care and provide treatment for his/her needs.
5. I give my permission to Sky Lodge Christian Camp to use any images or likeness of my child for promotional material.
6. It is my understanding that this camp has a Christian emphasis, of basic Christian principles, and I do hereby permit my child to participate in all aspects of the camp program.
7. In the event of any camper being withdrawn from the camp upon a physician’s order, two-thirds of the fee will be refundable.
8. Absolutely no refunds will be given dismissals of disciplinary action, late arrivals or early departures.

### Registration due date – July 15, 2009

- ❖ Total camp cost- \$295 (including T-shirt). Full balance is due by July 15, 2009.
- ❖ \$50 Non-refundable deposit for cancelled applications after July 15, 2009
- ❖ Make checks payable to CWC (Christian Worship Center)
- ❖ **Applications must be sent to: CWC Kid’s Camp, 1330 63<sup>rd</sup>, Downers Grove, IL 60516**

**FEES**

Camp Fee:	\$295.00
<u>Bus Fee (One-Way):</u>	<u>\$20.00</u>
<b>Total:</b>	<b>\$ _____</b>
Check # _____	

Signature **required** to process registration. I have read, understood, and accepted the conditions of enrollment as stated above.

Date: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_