



SUMMER 2010 CCIW CAMPER REGISTRATION FORM

Please fill out a registration form for each camp that you are attending. We will have online (using a credit card) and paper registration. You are not considered registered until this completed form and full payment are received by CCIW.

Online Registration – follow the instructions at <http://www.cciwdisciples.org/>

Paper Registration - Mail with check to: CCIW Registrar - 1011 N. Main Street - Bloomington, IL 61701-1755 - (309) 828-6293

PLEASE CIRCLE THE CAMP DATE AND LOCATION

Camp Name	Location	Camp Date	Regular Fee	Late Fee	Grade(s) completed
CYF	PP	June 27- July 3	300	400	grades 9 - 12
	CWS	June 14 - 19	260	360	grades 9 - 12
Chi Rho	CWS	July 19 - 24	260	360	grades 9 - 12
	PP	July 4 -10	300	400	grades 6 - 7
8 th Grade	CWS	June 21 - 26	260	360	grades 6 - 7
	PP	June 13 - 19	300	400	8 th grade
JYF	CWS	July 12 - 17	285	385	8 th grade
	PP	June 20 - 26	300	400	grades 3 - 5
Beginner	CWS	June 28 - July 3	260	360	grades 3 - 5
	CWS	July 26 - 31	260	360	grades 3 - 5
ADDaM	CWS	June 7 - 9	150	250	grades 2-3
Emergent Leadership	TBA	June 20 - 27	285	385	grades 9 -12
Bridge Builders	TBA	TBA	285	385	grades 9-12
Grandparents & Me	TBA	July 12 - 17	285	385	grades 9-12
Post High Weekend	CWS	July 5 - 8	165	265	GP & Youth 1– 5 th
Family Camp	CWS	TBA	100	200	Ages 19-25
Family Camp	CWS	May 28 - 31	Fees Vary		
Family Camp	CWS	September 3 - 6	Fees Vary		

CWS = Camp Walter Scott

PP = Pilgrim Park

Camp Name: _____ Date of Camp _____

Camper's Name _____ Sex: M or F Age _____

Address _____ City _____ State _____ Zip _____

Camper Phone (____) _____ Birth Date _____ Grade completed: _____

Parent/Guardian's Names _____

Parent/Guardian's Phone Numbers ~ please list below.

Phone Home (____) _____ Office (____) _____ Mobile (____) _____

Phone Home (____) _____ Office (____) _____ Mobile (____) _____

E-mail Address for Camper Letter _____ Check if you would like Camper Letter in the mail.

Check your choice of the following: **SHIRT SIZES ARE FOR CAMP WALTER SCOTT ONLY!**

T-Shirt Size: Youth M Youth L Adult S Adult M Adult L Adult XL Adult XXL

Sponsoring Church _____ Minister/Youth Minister _____

Does this camper have previous camping experience? YES NO Where? _____

Please initial here _____ if you **DO NOT** want your voice, picture, image/likeness, or video used for church promotional purposes including but not limited to web sites, flyers, slide shows at church functions, and video clips. (CCIW would seek permission for major advertisement where you would have a primary role.)

Please list anything we need to know that would make your child's camp experience worthwhile. Please attach additional pages if necessary. (Roommate or Small Group requests may not be honored.)

CCIW CAMPER PLEDGE

Camper and Parent/Guardian's must read and agree to the following rules:

- I agree to abide by the rules of the CCIW camping program as they are posted, announced, or are given to me. I recognize that regulations are for the good of the camp community as well as my safety.
- I agree to participate in all group activities as they are scheduled or announced and be present for the entire session. I understand that my participation is essential to the positive experience of the entire camping group.
- I agree to treat others with respect. This includes, but is not limited to the way in which I behave, speak, make physical contact, and how I will talk about others when they are not present.
- I agree to respect the authority of those individuals who are entrusted with making this camping season a safe and positive atmosphere, and respect their decisions regarding community life. Likewise, I agree to be a positive role model to others by maintaining an attitude of respect, patience, courtesy, tact, and maturity.
- I agree to treat the camping property and its facilities with respect, recognizing that if damage should occur because of my negligence, my family or I am financially liable.
- I agree to arrive at camp on time and remain until the session has concluded.
- I agree to refrain from the following:
 - possession and/or use of **BANNED LEGAL or ILLEGAL SUBSTANCES** (including alcohol, illegal drugs, tobacco products, unreported prescription drugs, firearms, weapons, fireworks, and explosive devices)
 - sneaking out of the dorms after lights out or leaving the camp grounds at any time without explicit permission of the camp director
 - sexual activity, abuse or harassment of any kind (including intercourse, exposure, inappropriate touching and/or inappropriate sexual language)
 - willful or thoughtless destruction or abuse of property
 - wearing inappropriate clothing

I understand that any violation of this pledge will bring the following consequences:

- Immediate expulsion from camp will be at the expense of the camper's family
- If a violation involves possession of a weapon and/or **BANNED LEGAL or ILLEGAL substances**, CCIW will notify local law enforcement.
- CCIW will contact the minister of your sponsoring church regarding serious violation of the Code of Conduct.
- A letter of apology to the sponsoring congregation and to CCIW is required before returning to any camping or church activity.

I have read the Camper Pledge for the CCIW Camping program. I have discussed my participation with my parent/guardian's and my minister/youth sponsor. I am prepared to attend the CCIW sponsored camping season with a spirit of Christian cooperation and goodwill. I have read and agreed to abide by the above pledge.

CAMPER'S SIGNATURE _____ DATE _____

I have read the pledge for the CCIW Camping program and have discussed this with my child/youth who is registering for this program. I affirm the efforts of the camp leaders to provide a safe camp experience and to create a positive Christian community. I expect the directors to communicate with me in the event of a serious violation of the pledge. I will pray for my child and other campers that God's love may be a transforming presence during this week.

PARENT/GUARDIAN'S SIGNATURE _____ DATE _____

I have read the pledge and I am familiar with CCIW policies and procedures. I affirm the efforts of the leaders to provide a safe camp experience and to create a positive Christian community. I expect the directors to communicate with me of any serious violations of the pledge. I will pray for the campers this week that God's love may be a transforming presence. I know and recommend this young person for participation in the CCIW Camping Program.

MINISTER'S SIGNATURE _____ DATE _____

CCIW CAMP HEALTH FORM

M or F Age _____

Camper's Name and Address _____

Parent/Guardian Name and Address _____

Parent/Guardian Phone Numbers: Home _____ Work _____ Cell _____

INSURANCE SECTION ~ Fill this section completely to expedite medical treatment

Insurance Company _____ Group # _____

Claim Address _____ Phone # _____

Individual/Parent's Policy # _____ Relation of camper to policy _____

Other Insurance Information _____ Camper SS # _____

Emergency contact name _____ Relation to camper _____

Emergency contact phone numbers Home _____ Work _____ Cell _____

The Health History Record is to be completed and signed by the parent/legal guardian(s) of camper participating in Resident Camp Programs (Pilgrim Park, Ursa, Walter Scott, and off-site camps). Please return this Health Form with the Registration Form. This information is CONFIDENTIAL, and is to ensure the health and safety of this participant.

PLEASE PRINT!

Check those that apply (Please note treatments below and feel free to make comments.)

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Convulsions | <input type="checkbox"/> Fainting | <input type="checkbox"/> Incontinence |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Headaches | <input type="checkbox"/> Insect Sting |
| <input type="checkbox"/> Bleeding/Clotting | <input type="checkbox"/> Disorders | <input type="checkbox"/> Heart Defect/Disease | <input type="checkbox"/> Joint Problems |
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Ear Infections | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Upset Stomach |

other (please specify) _____

Any chronic illnesses or regularly occurring pain (please specify) _____

List and describe all known allergic reactions _____

Immunization History ~ please specify date of immunization or last booster

DTP _____ or Diphtheria _____ Tetanus _____ Polio _____

MMR _____ or Measles _____ Mumps _____

Rubella _____ Hepatitis B _____ Varicella (chicken pox) _____

Date of last health exam _____ Were any complicating problems noted? _____

Is the camper currently under a physician's care for any medical problem? _____

Detail any physical, mental, behavioral, or emotional limitations _____

Has the camper ever required psychological/psychiatric counseling (including depression), hospitalization or medication?

No Yes If yes, please specify.

CCIW CAMP HEALTH FORM (continued)

Activities to be discouraged _____

Please give any information that you feel will help the camper do well at camp. _____

Has the camper been exposed to any contagious diseases? If so, please specify _____

PARENTS/GUARDIAN'S ~ ALL MEDICATIONS ~ prescription and over the counter ~ MUST BE TURNED IN TO THE CAMP MANAGER TO BE LOCKED IN THE INFIRMARY ~ MUST BE IN ORIGINAL CONTAINERS with original label and all instructions attached. If your child is using multiple medications, please put them in separate vials, in a zip lock bag, and write your child's name in permanent marker on the bag.

Is camper taking any form of medication? Please check Yes No

List Drugs and Dosages _____

Has the camper had any recent illnesses? _____

Name of Family Physician _____ Phone _____

Name of Dentist _____ Phone _____

Name of Orthodontist _____ Phone _____

Other Doctors _____ Specialty _____ Phone _____

In order to provide the best care for all participants, updates or changes to the information on the form is the responsibility of the parent/legal guardian's. Updated medical forms will be available from your area office and online.

MINOR MEDICAL AUTHORIZATION

CCIW may give your child Tylenol, Ibuprofen, Benadryl, and or a topical solution to treat them for minor aches, pains, and ailments as they become evident. The Camp Director, Nurse, or the Physician on call will administer all medications in accordance with manufacturer's directions.

YES NO (Parent's Signature if under 18) **X** _____

EMERGENCY MEDICAL AUTHORIZATION

I _____ (adult or legal guardian's name) hereby authorize CCIW and its staff to seek and authorize emergency medical treatment for _____ (name of camper). This is to include anesthetic, medical treatment, and the performance of whatever operations or removal of tissue decided to be necessary by the attending physician(s).

Signature (Parent's signature if under 18) **X** _____

Please do not bring/send your child to camp if they are ill or show signs of becoming ill. If your child is reported to have a contagious disease, he/she will be isolated from the camping community and you will be notified of the situation and asked to take your child home. CCIW reserves the right to check campers/staff and to protect the health of all campers and camp personnel.

PILGRIM PARK CAMP & CONFERENCE CENTER Participant Agreement and Medical Release Form

(All grade levels for low initiative course and grades 6th through 12th for high ropes course)

Participant & Parent/Guardian Name: _____ / _____
(Please print)

Initial below to indicate that you have read, understood, and agree to the section following your initials.

Parents/Guardians/Legal Representatives should initial on behalf of the participating Minors after discussing each section with them, indicating that both the Minor and the Parent/Guardian/Legal Representative agree to each section.

- _____ **I state that I am not now under the influence of any chemical substance including alcohol, and I will not be under the influence of any substance when participating in the challenge course program.** I realize participating in the Challenge Course / Climbing Structure / Adventure Based Activities while under the influence of a substance would endanger others and me.
- _____ **I am aware that I might be photographed and/or videotaped during my participation,** and authorize such photographs and/or videotapes to be used by Pilgrim Park Camp in training and/or promotional materials at any point in the future. I understand that my name will *not* be used and/or published in any way, and that I will *not* receive compensation for the use of such photographs and/or videotapes.
- _____ **I give my consent to Pilgrim Park Camp employees and to emergency medical personnel to treat me if they deem it to be necessary.** I authorize Pilgrim Park camp staff to secure such medical advice and services as they feel necessary for my health or well-being. I give permission for emergency anesthesia and/or surgery that might be necessary due to an illness or injury occurring during my participation.
- _____ **I agree to accept financial responsibility for any medical expenses and/or loss of income** not covered by my Insurance Policy that occurs as a result of my participation in the challenge course program.

RELEASE OF LIABILITY

- _____ **I understand that Challenge Course / Climbing / Adventure Based activities are, by their nature, physically and emotionally demanding,** and that participating in the challenge course program may involve risks such as walking, bending, twisting, pulling, lifting, running, jumping, climbing, swinging, increased heart or breath rates and/or physical contact with others.
I understand that although Pilgrim Park Camp staff will make every reasonable effort to minimize exposure to known risks, not all dangers and hazards can be foreseen (i.e. cuts, bruises, scrapes, fractures, dislocations, fatalities, etc.). I am aware that certain risks and dangers exist in the activities that are beyond the control of Pilgrim Park Camp and their employees.
I understand that I have the right and the responsibility to limit my participation in any activity that I believe will compromise my safety, and agree to notify a Pilgrim Park Camp employee if I have safety concerns. Pilgrim Park Camp practices the "Choose Your Challenge" philosophy. This means, if I choose to physically participate in any of the activities, I voluntarily assume all risks associated with such participation.
I understand that Pilgrim Park Camp staff has the right to deny my participation and that it is my responsibility as a Participant to follow the instructions, guidelines and procedures established by the Facilitator(s)/Trainer(s). If, at any time, I do not understand or have not heard specific instructions given by the Facilitator(s)/Trainer(s), I realize that it is my responsibility to ask for clarification and/or assistance before any participation.
- _____ **I understand and assume all dangers and risks (both known and unknown) associated with my participation in the challenge course program and waive, release and discharge Pilgrim Park Camp and their agents, officers and employees from all claims or causes of action arising from my participation.** I do hereby release Pilgrim Park Camp and their agents, officers, and employees from any and all liability, even if arising from the negligence of the releases, and agree to indemnify and hold Pilgrim Park Camp harmless for any accidents, injury, loss or damage of property, and from any legal fees that I may ever have as a direct or indirect result of participating in the challenge course program. This release, indemnification, and waiver shall be construed broadly to the maximum extent under applicable law.
My signature on this document is also intended to bind my representatives, administrators, successors, heirs, next of kin and assigns on my behalf.

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 the Health History Form is complete and accurate to the best of my knowledge. (Please additionally complete the Health History Form prior to signing this document).

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

Parent/Guardian/Legal Representative Signature **Relationship**
(Required if Participant is under 18 years of age) **Date**

PILGRIM PARK CAMP & CONFERENCE CENTER

PARTICIPANT HEALTH HISTORY

(All grade levels for low initiative course and grades 6th through 12th for high ropes course)

NAME: _____

DATE: _____

ADDRESS: _____

INSURANCE COMPANY: _____

Please Read: This form is intended to remind leaders and participants of the seriousness of attempting challenge course / climbing / 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 (Ankles, knees, back, etc.) that might be aggravated by participating? | 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 discuss that item with your group leader.

Please include any additional information that you feel is relevant: _____

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

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

IN CASE OF EMERGENCY WHO DO WE CONTACT / PHONE _____ RELATIONSHIP _____

IN CASE OF EMERGENCY WHO DO WE CONTACT / PHONE _____ RELATIONSHIP _____

===== (Camp Utilization Only) =====

Program Attended _____

Event Date _____

Instructor's _____