

Illinois Great Rivers Conference United Methodist Camps
Camper Registration Form
(Only one name per form, please)

Name of Camper: _____

FAMILY INFORMATION – PLEASE WRITE LEGIBLY

Father/Guardian Name: _____

Home Phone: (_____) _____

Cell Phone: (_____) _____

Valid Email Address: _____

Mother/Guardian Name: _____

Home Phone: (_____) _____

Cell Phone: (_____) _____

Valid Email Address: _____

Name of emergency contact: _____ Phone: _____

NOTE: Registration confirmation documents forms will be sent via e-mail

Camper resides with: ☐ Father ☐ Mother ☐ Both ☐ Other: _____
Name/Relationship

Camper Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Other phone: _____

Full Church Name (including city!) _____

Denomination: _____ Pastor's Name: _____

CAMPER INFORMATION

Date of Birth: ____/____/____ ☐ Male ☐ Female Grade in School 2019-2020 _____ Age at time of Camp _____

Camper Email Address: _____

Peanut allergy – reaction to:

☐ airborne (must remove anything containing peanuts)

☐ cannot be ingested

Lactose allergy:

☐ milk can be in food

☐ no milk or dairy products at all

Other food allergy or restriction (such as gluten free, shell fish, pineapple, etc.) _____

Indicate camping experience: ☐ 1st time camper ☐ 1st time at an IGRC Camp ☐ This is my _____ year at an IGRC camp

T-Shirt Size: **Child:** ☐ Small ☐ Medium ☐ Large **Adult:** ☐ Small ☐ Medium ☐ Large ☐ Extra Large ☐ Extra-Extra Large

Learned about camp through (choose one): ☐ Church ☐ Friend ☐ Email ☐ Web ☐ Other: _____

Physical, emotional, mental, or behavioral issues that may necessitate special arrangements or adaptations for the safety and welfare of the camper (e.g., autism, bi-polar, emotional, developmental challenges, diabetic) _____

CABIN MATE REQUEST: 1. _____ 2. _____

PROGRAM CHOICE

Please refer to Registration Instructions for details.

Camp Selection	Camp ID Number	Dates of Camp	Camp Title	Fee
First Choice				
Second Choice				
TOTAL FEE DUE				\$ _____

I am registering for: ☐ One camp ☐ Both camps listed above

DISCOUNT INFORMATION – Camps not eligible for discounts will be indicated near the camp ID

Bring A Friend Discount: (East Bay, Little Grassy, and Canoe Camps Only) Campers may receive \$25.00 off their half-week or week-long camp for each new friend they bring. To be eligible, each friend must not have attended any of the IGRC Camps in the past three (3) years. Each new camper must list the inviting camper's name on the registration. **SIBLINGS DO NOT QUALIFY AS A FRIEND.**

Sibling Discount: (East Bay, Little Grassy, and Canoe Camps Only) Camps not eligible for this discount will be indicated by the price. A discount of \$25.00 per child is available for families sending multiple children to half-week or week-long camps. This discount applies to each child after the first: *Example – A family is sending three (3) children to camp. The cost is \$100.00 per child. The first (1st) child pays the full \$100.00. The second (2nd) child receives a \$25.00 discount, making the cost \$75.00 for child two (2). The third (3rd) child also receives a \$25.00 family discount making the total \$75.00 for child three (3).*

Early Bird Discount: Register and pay in full by April 15, 2019 and you may deduct \$25.00 from the cost of camp. Camps not eligible for this discount will be indicated by the price. This discount will end at 11:59 p.m. on April 15 for online registrations. Postmarks will be used to determine if the April 15 deadline was met for those registering and/or paying by mail. **NOTE:** Payment "in full" includes any contribution your church will make towards the cost of camp. (continue on next page)

DISCLOSURE STATEMENT FOR CAMPERS AGE 18 AND OLDER

Please respond to the following questions:

- ☐ Yes ☐ No Have you ever been convicted of any crime relating in any manner to children and/or your conduct with them? If yes, please explain on a separate sheet.
- ☐ Yes ☐ No Have you ever been convicted of any crime including, but not limited to, those listed below and/or any crime similar in any manner to those listed below? If yes, please explain on a separate sheet.
- ☐ Indecent assault and battery on a child under fourteen
 - ☐ Indecent assault and battery on a mentally retarded person
 - ☐ Indecent assault and battery on a person who has obtained the age of fourteen
 - ☐ Rape
 - ☐ Rape of a child under sixteen with force
 - ☐ Assault with intent to commit rape
 - ☐ Kidnapping of a child under sixteen with intent to commit rape
 - ☐ Distribution and trafficking of narcotics or other controlled substances
 - ☐ Intent to commit any of the above crimes
- ☐ Yes ☐ No Have you ever been adjudged liable for civil penalties or damages involving sexual or physical abuse of children? If yes, please explain on a separate sheet.
- ☐ Yes ☐ No Are you now or have you ever been subject to any court order involving sexual or physical abuse of a minor, including, but not limited to a domestic order of protection? If yes, please explain on a separate sheet.
- ☐ Yes ☐ No Have your parental rights ever been terminated for reasons involving sexual or physical abuse of children? If yes, please explain on a separate sheet.

I understand that:

- a. Registration may be denied to any person who answers any of the questions above in the affirmative.
- b. The information which I have furnished on this form is subject to verification.
- c. Registration may be terminated if registrant is:
 - 1) found to have a history of complaints of abuse of a minor and/or
 - 2) found to have resigned, been terminated or been asked to resign from a position whether paid or unpaid, due to complaint(s) of sexual abuse of a minor

Signature of applicant age 18 and older: _____ Date: _____

PAYMENT INFORMATION

1. Make checks payable to IGRC.
2. Send full payment or a \$50 deposit per camp.
3. Full payment must be received **3 weeks** prior to the camp's start date.
4. If your registration is faxed, payment is required using a credit card.
5. There is an additional 3% transaction fee for credit card payments.
6. Mail registration and payment to IGRC Camping Office, PO Box 19207, Springfield, IL 62794-9207.

	Check #	Amount
Total Cost of camp (BEFORE DISCOUNTS/SCHOLARSHIPS)		\$
\$25 Sibling Discount (see camping brochure for instructions)		— \$
\$25 Bring a Friend Discount (see camping brochure for instructions) SIBLINGS DO NOT QUALIFY AS A FRIEND		— \$
NAME OF FRIEND (use separate sheet of paper if needed)		
\$25 Early bird discount – if registration and full payment is received by April 16		— \$
Amount church is paying		\$
Amount family is paying		\$
Total enclosed		\$

PAY BY CREDIT CARD

Name on Credit Card: _____ Type: ☐ Visa ☐ Master Card

Credit Card Number: _____ Expiration Date: _____ CVV/CVC code _____

Credit Card Billing Address: _____
Street Address City State Zip Code

Total amount to be charged (**plus 3% transaction fee**): _____

Signature: _____ Date: _____

I, _____, verify that:

- I have the authority to register this camper for camp
- The above information is correct
- I am aware that an up-to-date All-in-One Medical Record and Permission Form **must be** presented at the camp upon registration

Signature: _____ Date: _____