

2010 EPISCOPAL DIOCESE OF CHICAGO SUMMER CAMP REGISTRATION

Please check the Session your camper is attending:

- Session I: Mixed Age Camp – June 27 - July 2, 2010-** for children entering grades three to seven
- Session I: Introduction to Camp – June 27 – 29, 2010-** for children entering grades two & three
- Session II: Mixed Age Camp - July 4 - 9, 2010 -** for children entering grades three to seven
- Session III Junior High/ High School Camp – July 11 – 16, 2010 -** for youth entering grades seven to ten

High School LIT-Leaders In Training Program – a separate registration form is required.

Early bird rate by Feb 15

Week Sessions: \$500
Intro to Camp: \$250

Regular fees due May 15

Week Sessions: \$550
Intro to Camp: \$300

Late Fee, after May 15

Week Sessions: \$650
Intro to Camp: \$400

FEES

+fees are heavily subsidized by the Diocese of Chicago

- We are paying the full registration fee.
- We are paying the **deposit** of \$250.00 (remainder due by May 15)
- We would like to help sponsor a child for camp.
- Additional Donation in any amount.
- We would like to pay by credit card. **** Add \$12 per credit card transaction.**
Circle one **VISA MASTERCARD** number _____

Name as it appears on card _____

- We are qualified for the \$20 sibling discount (\$20 from one camper fee only, not all)
- We are qualified for the \$10 discount from the camp fee for referring a NEW camper.

****Please make checks payable to "The Diocese of Chicago"**

- We would like to apply for **scholarship** assistance. (A scholarship application will be sent to all who request scholarship assistance.) We will ask for a minimum payment towards the camp fee.

Do you receive Public Aid? _____ **If, so please provide Illinois Public Aid Case Number** _____

TOTALS

Enclosed is the FULL fee of \$ _____
 Enclosed is a deposit of \$ _____
 Enclosed is the amount of \$ _____
 Enclosed is a donation of \$ _____
 Add \$12 card processing fee \$ _____
 Exp date _____

Discount of \$- _____

Discount of \$- _____

GRAND TOTAL \$ _____

Camper's name _____

Name camper prefers _____ T-shirt Size _____

Birth date _____ Age at camp _____ Grade entering _____ Sex _____

Address _____

Phone _____ Camper E-mail _____

Congregation _____ City _____

Parent/Guardian Information:

if parents live at different addresses, list both, and indicate which is the primary residence (information for emergency use only, we will not share or sell your information) ****If there are special custodial arrangements, please notify us!**

Name _____

Name _____

Address _____

Address _____

Mom Home phone _____
area code

Dad Home phone _____
area code

Mom Work phone _____
area code

Dad Work phone _____
area code

Mom Cell phone _____
area code (only for emergency)

Dad Cell phone _____
area code (only for emergency)

Mom e-mail address _____

Dad e-mail _____

Cabin/Roommate request _____

What, if any specific activities should be restricted? _____

Additional Emergency Contact

Person to notify ***IN THE EVENT THAT THE PARENT/GUARDIAN CANNOT BE REACHED:***
(This person should have a car if camper needs to be picked up in an emergency)
******(this should NOT be the parent)**

Name _____ Relationship _____

Address _____
Street City State Zip code

Home phone _____ Work phone _____
area code area code

Parent/Guardian Authorization:

I give full permission for my child to attend the Diocese of Chicago summer camp, located at Camp Algonquin; and participate in all activities unless otherwise specified on the Health Form. I have read the camp brochure and understand and agree to cooperate with all regulations regarding health, special qualifications, and age.

I ***DO/DO NOT*** (*circle one*) give my permission for photographs or video footage of my child to be used by the Diocese of Chicago for promotional purposes (brochures, **daily website photos of camp**, etc, no names are used)

I ***DO/DO NOT*** (*circle one*) give my permission for my child's address/phone number to be included on a participant roster of the camp session (for use of campers/staff only)

Parent/Guardian signature _____ Date _____

MEDICAL RELEASE:

I also give permission to the leaders of this program to secure emergency medical or surgical treatment for my child if there is insufficient time to contact me, and to secure routine, non-surgical medical care as needed.

WAIVER OF LIABILITY:

I agree to hold the Diocese of Chicago and any associated agencies and persons free and waive any claims for payment for accident, injury, disability or damages to the person or property of the aforementioned child arising out of or connected with his/her participation in any activity related to his/her camping experience.

TRANSPORTATION RELEASE:

I give full permission for my child/children to be transported to camp activities off site and away from Camp Algonquin, riding in camp approved vehicles, with approved drivers from the Diocese of Chicago Summer Camp, and to attend and participate in camp related activities off site of Camp.

Parent/Guardian Signature _____ Date _____

A Health form, detailed information on expectations, what to bring to camp, and directions to Camp Algonquin, will be sent to you upon receipt of your application. All camp sessions begin with registration at 3:00 p.m., and end with a Closing Ceremony/Eucharist at 2:00 p.m., Drama Performance starts at 1:30 p.m., on the last day of the session. ALL campers must have a Health exam (2010) and a completed health history form submitted prior to attending camp.

Please return by May 15, 2010 to: (after May 15 you may still register *if* space is available)

Episcopal Diocese of Chicago Summer Camp
65 East Huron Street - Chicago, IL 60611-2728
For more information, Contact: Sue Cromer Camp Director
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