



# 2016 Grandparents & Me Camp Registration Form

Christian Church (Disciples of Christ) Illinois/Wisconsin

You are not considered registered until this completed form with all signatures and full payment are received by the CCIW. Registration deadline is **May 15, 2016**. Early bird discount (savings of \$25.00) will be applied if postmarked by **April 30, 2016**.

(X)	CAMP NAME	Grades	LOCATON	DATES	EARLY BIRD / FULL RATE
	Grandparents & Me (1 <sup>st</sup> Adult)	Grandparent	Camp Walter Scott	June 19-22	\$165.00 / \$190.00
	Grandparents & Me (2 <sup>nd</sup> Adult)	Grandparent	Camp Walter Scott	June 19-22	\$145.00 / \$170.00
	Grandparents & Me (1 <sup>st</sup> Child)	K-5	Camp Walter Scott	June 19-22	\$130.00 / \$155.00
	Grandparents & Me (2 <sup>nd</sup> Child)	K-5	Camp Walter Scott	June 19-22	\$115.00 / \$140.00

**Grandparent(s) Name** \_\_\_\_\_

\_\_\_\_\_ Last Name \_\_\_\_\_ First Name(s) \_\_\_\_\_ Middle \_\_\_\_\_ Nickname \_\_\_\_\_

Church Affiliation \_\_\_\_\_ City \_\_\_\_\_ Gender F \_\_\_ M \_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ E-mail address \_\_\_\_\_

**Child Name** \_\_\_\_\_

\_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_ Nickname \_\_\_\_\_

Church Affiliation \_\_\_\_\_ City \_\_\_\_\_

Current Grade \_\_\_\_\_ Gender F \_\_\_ M \_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ E-mail address \_\_\_\_\_

**Child Name** \_\_\_\_\_

\_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_ Nickname \_\_\_\_\_

Church Affiliation \_\_\_\_\_ City \_\_\_\_\_

Current Grade \_\_\_\_\_ Gender F \_\_\_ M \_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ E-mail address \_\_\_\_\_

### T-SHIRT SIZES FOR ALL

YOUTH M \_\_\_ YOUTH L \_\_\_ ADULT S \_\_\_ ADULT M \_\_\_ ADULT L \_\_\_ ADULT XL \_\_\_ ADULT XXL \_\_\_ ADULT XXXL \_\_\_

### For office use only

Date App. Received \_\_\_\_\_ ID# \_\_\_\_\_ Date Entered \_\_\_\_\_

Ck# \_\_\_\_\_ Ck Amt \_\_\_\_\_ Paid by \_\_\_\_\_

### CCIW CAMPER PLEDGE

\*\*\*\*\*All three signatures are required\*\*\*\*\*

<p><b>Camper:</b> I agree to participate fully in the camp program, to cooperate with the camp leaders, and to attend the entire camp event. I will bring all camp items as needed and suggested in my camper letter. I understand that if I do not follow camp rules, I may be sent home at my grandparents' expense.</p> <p>_____</p> <p><i>(Signature of Camper)</i></p> <p>Date: _____</p> <p>_____</p> <p><i>(Signature of Parent or Guardian)</i></p> <p>Date: _____</p>	<p><b>Grandparent(s):</b> I agree to participate fully in the camp program, to cooperate with the camp leaders, and to attend the entire camp event. I will bring all camp items as needed and suggested in my camper letter. I understand that I am responsible for my grandchild and will use this camp as an opportunity to deepen my relationship with them. I am committed to helping my grandchild in their faith journey, as this camp is intended.</p> <p>_____</p> <p><i>(Signature of Grandparent)</i></p> <p>Date: _____</p>	<p><b>Pastor:</b> I understand that the camping program is an integral part of the education ministry of the total church. Therefore, I will help these campers understand the purpose of church camping before they attend and will talk to him/her following camp to reflect on its events and meaning, If there are emotional or family issues that might affect the camper or the camp; I will inform the director about those before camp begins.</p> <p>_____ Child is guest and Church affiliation is unknown.</p> <p>_____</p> <p><i>(Signature of Pastor)</i></p> <p>Date: _____</p>
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**MEDICAL INFORMATION:** Please bring all medical insurance information with you to camp. Bring all medications. Basic medications are available at the camp health office, medications for minors will be administered by Grandparent.

Any additional information that would be beneficial for camp staff to know: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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.)

MAKE CHECKS PAYABLE TO:

**CCIW**

RETURN ALL COMPLETED FORMS WITH SIGNATURES and FUNDS TO:

**CCIW**

**ATTN: CAMP REGISTRAR**

**1011 N. MAIN ST**

**BLOOMINGTON, IL 61701**

**Camper will not be considered registered if there is missing information or blank signatures.**

**Payment must accompany registration form.**