

Camp Emmaus 2018 Registration Form

Please contact Camp Managers Bill & Betty Hare at 815-734-4027 with any questions.

Registrations postmarked after May 31, 2018 will be charged a \$5 late fee for El 1 and El 2 and \$10 for El 3, Jr. High and Sr. High camps. Please mail to below address with at least a \$25 deposit.

Camp Emmaus
PO Box 128
Mt. Morris, IL 61054

CAMP	STARTING	ENDING	COST	REGISTER	CLOSING	ELIGIBILITY	DIRECTOR(S)
MEMORIAL DAY FAMILY CAMP	5.25.2018	5.28.2018				All families	Sally Medearis
SENIOR HIGH	7.8.2018	7.14.2018	\$275	4:00 pm	2:00 pm	Youth who have finished 9-12 th grade.	Sara Garner 630-456-4291 & Aaron Gerdes 815-991-5230
ELEMENTARY II	7.15.2018	7.18.2018	\$145	4:00 pm	2:00 pm	Children who have finished 3 rd -4 th grade.	Rick Koch 815-499-3012 & Melyssa Otake
YOUNG @ HEART	7.18.2018	7.22.2018	\$180	4:00 pm	2:00 pm	Adults of all ages.	Patrick Benassi 815-520-5838 & Amanda Gibble 224-456-2116
CIT TRAINING	7.27.2018	7.29.2018		4:00 pm	11:00 am	Youth who have finished 9 th grade.	Becky Berkeley 815-494-5556
ELEMENTARY I	7.28.2018	7.29.2018	\$65	9:00 am	10:00 am	Children who have finished 1 st -2 nd grade.	Jan Dietrich 815-738-2365
JUNIOR HIGH	7.29.2018	8.4.2018	\$275	4:00 pm	2:00 pm	Youth who have finished 7 th -8 th grade.	Jim Miner 847-741-9804 & Cori Miner
ELEMENTARY III	8.5.2018	8.10.2018	\$220	4:00 pm	2:00 pm	Children who have finished 5 th -6 th grade.	Leslie Lake 419-651-0650 & TBA
WOMEN'S CAMP	8.9.2018	8.11.2018				Women of all ages	
LABOR DAY FAMILY CAMP	8.31.2018	9.3.2018				All families	Mark Royer

2018 Camp Emmaus Registration Form

PLEASE PRINT ALL INFORMATION – Both pages must be completed in full and signed to guarantee reservation.

First Name _____ Last Name _____

Male Female Birthdate M____D____Y____ Grade Completed by Beginning of Camp _____

Address _____ City _____ State _____ Zip _____

Parent/Guardian's Name _____ Email _____

Parent/Guardian's Address (if different than camper) _____

City _____ State _____ Zip _____ Relationship _____

Telephone (day) _____ (evening) _____ (cell) _____

Emergency Contact _____ Relationship _____ Phone _____

What church do you attend? _____

Does your church offer a scholarship? Yes No If Yes, what portion of camp fee? _____

Will this be sent from church or brought to registration? Sent Registration

Do you live within Lee or Ogle County? Yes No

Choose Your Camp

Elementary 1 - Name of Adult Attending _____

Counselor in Training (CIT) Jr. High

Elementary 2 Sr. High

Elementary 3 Young at Heart

First time at camp? Yes No Cabin Buddy Request (only one allowed) _____

In signing this application I the camper agree to abide by all policies governing personal conduct and use of camp property. I agree to cooperate and participate in all camp activities.

Camper Signature _____ Date _____

2018 Health Information

Camper's Name _____ Camp Attending _____

- 1) Camp Emmaus has a first aid station offering first aid for minor health concerns.
- 2) I give permission for treatment for minor ailments to be treated by over the counter preparations at the nurse's discretion. (e.g. Tylenol) Yes No
- 3) Medications will not be kept in cabins, they will be given to the camp nurse upon arrival at camp with prescribed instructions. (exception: rescue inhalers)
- 4) Camper's immunizations are up-to-date? Yes No
If No, note why? _____
What is the date of camper's last Tetanus shot? _____
- 5) Please list allergies including food allergies and intolerances.

6) Camper receives the below medications as prescribed.

Drug Name	Dose	Timing	Special Instructions
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7) Please indicate any emotional or health problem, behavior issues, dietary restrictions (i.e. Vegetarian), traumatic event in the camper's life or any other information that might be helpful to camp staff.

If the above issue is found to require special care, Camp Emmaus may require an adult to be asked to attend camp with child to help monitor the issue. The same camp fee will apply for this adult to be in attendance or advice in advance time and we may be able to arrange in additional staffing needs as well.

In signing this application, I certify that all the information is correct and the camper is in good health and may participate in camp activities. I give my consent for camp officials to act in emergency in the best interest of the health and welfare of my child/ward. Should it be necessary for him/her to return home during the week because of illness or accident, homesickness, or conduct, I will abide by camp's decision in this matter and provide transportation.

I give permission for my child to leave campgrounds for program-related trips such as Pinecrest and/or White Pines State Park. I also give permission for persons name to be photographed and personal information (not health related) may be used in promotional materials.

Parent/Guardian Printed Name _____

Parent/Guardian Signature _____ Date _____