

Adeline Christian Camp Summer Registration Form

8159 White Eagle Road, Leaf River, Illinois 61047 (815) 938-3288



Camp Attending: _____ Date Paid: _____

Name: _____ Nickname: _____

Address: _____ Age: _____

Grade: _____

Phone: _____ Gender: M or F

Emergency Contact: Name: _____ Relationship: _____

Phone: Home: _____ Address: _____

Cell: _____

Email: _____

Name of who will pick up your child: _____ Phone: _____

Transportation: I give my permission to Adeline Christian Camp to transport my child for a one day field trip.

Initial: _____ Date: _____

How did you hear about us? Family or Friend Facebook Google Search Advertisement

Online Pictures: I give my permission to Adeline Christian Camp to upload pictures of my child online. Yes No

Health Information

Does the camper take any medications? _____

If so, please list type, dosage, and routine to be ministered to by their own church/organization counselor. Please note that the camp does NOT provide any form of drugs including Advil, Tylenol, Pepto Bismal, etc.

Do you give permission for the camp to assist in aiding your child with minor first aid? _____

This may include adhesive bandages, antibiotic ointment and hydrogen peroxide for minor cuts and scrapes.

Does camper have any health problems/disabilities of which the camp staff should be aware? _____

(Camp must know if there are any special considerations such as: activity restrictions, diet restrictions, allergies to material, food or insects.)

Doctor's Name: _____ Phone: _____

This health information is correct to the best of my knowledge and the person herein described has permission to engage in all camp activities, except as noted above. In the event I cannot be reached in an emergency, I give permission for the camp to secure medical treatment and the physician may do whatever is deemed necessary to ensure the safety of my child.

Signature: _____ Date: _____

All campers MUST present this signed permission slip before camp participation is allowed.