

# Southern Illinois Christian Service Camp

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Father: \_\_\_\_\_ Mother: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade This Fall \_\_\_\_\_  
 Home Church: \_\_\_\_\_ Baptized \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Gender: \_\_\_\_ M \_\_\_\_ F Shirt Size \_\_ 6/8 \_\_ 10/12 \_\_ 14/16 \_\_ SM \_\_ M \_\_ L \_\_ XL \_\_ XXL  
 Parents Email Address: \_\_\_\_\_

## Please Check Box For Program You Wish To Attend

Program:	Grades:	Dates:	Cost:	Dean:
<input type="checkbox"/> Day Camp	kindergarten-2nd	June 1st	\$15	Stephanie Lewis
<input type="checkbox"/> 5th/6th	5th/6th	June 2-6	\$145	Bryce Pitlick
<input type="checkbox"/> Joy Camp	Special needs	June 8th	\$15/couple*	Carrie Smith
<input type="checkbox"/> Jr High Retreat	6th-8th	June 9-11	\$75	Austin/Vivian Scott
<input type="checkbox"/> Family Camp	Families	June 14-16	\$150/family	Drew Follmer
<input type="checkbox"/> High School	9th-college freshman	June 16-21	\$165	Drew Robinson
<input type="checkbox"/> 1st/2nd	1st/2nd	June 21-22	\$70/couple**	Laura/Curtis Thomas
<input type="checkbox"/> Jr High Wilderness	6th-8th	June 23-27	\$150	Darren Periman
<input type="checkbox"/> 4th/5th	4th/5th	June 23-26	\$105	Brandi Miles
<input type="checkbox"/> High School Retreat	9th-college freashman	June 30-July 3	\$105	Zach Browning
<input type="checkbox"/> 3rd/4th	3rd/4th	July 7-10	\$105	Curtis Rentfro
<input type="checkbox"/> High School Wild	9th-college freshman	July 14-17	\$150	Drew Follmer
<input type="checkbox"/> Grandparents and I	Kindergarten-4th	July 19-20	\$70/couple***	Analisa Woods
<input type="checkbox"/> Jr High	6th-8th	July 21-26	\$165	Darren Periman

\* caregiver must attend    \*\* parent must attend    \*\*\* grandparent must attend

Preregist \$25 Minimum Preregistration \$10 Non-refundable

Complete Both Sides and Mail to:  
 SICSC  
 PO Box 69  
 West Frankfort, IL 62896

Cost: \$ \_\_\_\_\_  
 Church Contribution: \$ \_\_\_\_\_  
 Canteen amount: \$ \_\_\_\_\_  
 Camper Balance: \$ \_\_\_\_\_  
 Donation: \$ \_\_\_\_\_  
 Total: \$ \_\_\_\_\_

# 2024

Complete Other Side  
 One Child Per Form

Camper Name \_\_\_\_\_

Allergies \_\_\_\_\_

Physical, Medical or Emotional disabilities \_\_\_\_\_

Other important medical history \_\_\_\_\_

Camper taking medication Yes \_\_\_\_\_ No \_\_\_\_\_ Please list medications \_\_\_\_\_

Date of last tetnus booster \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

I, the parent/guardian of the above named camper give my permission for the personnel at Southern Illinois Christian Service Camp to care for minor illnesses/injuries using over the counter medication and basic first aid procedures. The over the counter medicines I do not wish to be administered to my child are listed

In case of emergency, SICSC will make every effort to contact those listed on this form. In the event that SICSC is unable to contact myself or the emergency contact, I give permission to the camp to secure treatment for my child as named on this form.

I understand that the completion of this medical form with my signature grants the camper participation in a SICSC program. I understand that the camper is to abide by all camp rules, policies and the code of ethics. I release SICSC staff, faculty, officers and management from liability.

For some programs we take campers off the camp property. Examples of this would be to the lake for swimming, bowling, skating, to various parks, service projects and various events. By signing this form you give permission for your child to travel to the off site activities.



Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Photo Release**

I hereby give permission to Southern Illinois Christian Service Camp to use any photographs of my child taken by the official or volunteer staff to be used for related camp activities, programs or promotion including web site of Southern Illinois Christian Service Camp. I also recognize that these photographs are property of SICSC.

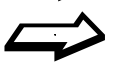
**Code of Ethics**

1. Campers failing to respond to the authority of all camp staff will be sent home.
2. Campers who fail to abide with the camp schedule (exceptions: sickness, etc.) will be sent home.
3. Campers caught stealing or pilfering through others belongings will be sent home.
4. Unacceptable behavior will not be tolerated. Any act deemed unacceptable by SICSC staff, Camp Dean or faculty will result in dismissal.
5. Campers who destroy camp property will be responsible for the cost of repair or replacement.
6. Any camper caught with alcoholic beverages, tobacco products, illegal drugs or weapons will be dismissed.
7. Campers are expected to treat others in a Christian manner.
8. Report all illness or injury to the camp nurse immediately.
9. Modest attire will be worn at all times (no bare midriff, short shorts, no spaghetti straps or etc.)
10. I will not bring anything on the do not bring list.

**I have read and understand the guidelines listed above and agree to follow them.**



Camper Signature \_\_\_\_\_ Date \_\_\_\_\_



Parent Signature \_\_\_\_\_ Date \_\_\_\_\_