

Southern Illinois Christian Service Camp

2022 Registration Form

All Information is Mandatory

Camper's Name _____

Sex at Birth Male Female Current Age _____

Grade this Fall _____ Date of Birth ___/___/_____

Home Church _____

Has the camper been immersed? Yes No

Cabin Partner _____

Camper Address _____

City _____ ST _____ Zip _____

Information on whom the camper RESIDES with:

Parent / Guardian with legal custody in case of illness or injury

Name _____

Relationship to Camper _____

Best Contact Number (____)_____ Cell Home Work

Second parent / guardian or other emergency contact

Name _____

Relationship to Camper _____

Best Contact Number (____)_____ Cell Home Work

If an e-mail address is provided, your confirmation & receipt will be sent.

Camp Rules

SICSC does not seek to burden the campers with excessive rules, but due to state regulations, insurance policies, and safety's sake some, guidelines must be established. All campers will be expected to observe the following Camp Rules.

1. Everyone is required to conform to the camp schedule and rules.
2. The use or possession of tobacco, alcoholic beverages, illegal, or controlled substances including drug paraphernalia and marijuana and vaping paraphernalia are prohibited on the camp premises. This does not prohibit any controlled substance or prescription medication that is taken under the care and supervision of a physician.
3. Automobiles are unnecessary during camp. If a camper brings an automobile that will be left at camp, the keys will be turned in at the camp office.
4. No comic books, magazines, pets, bicycles, skateboards, inline skates, or scooters are allowed.
5. NO ELECTRONIC DEVICES FOR COMMUNICATION, MUSIC, GAMES, VIDEOS, ETC. ARE ALLOWED. THIS INCLUDES CELL PHONES.
6. No camper is to be out of their cabin after designated lights out. The following penalties will apply: 1. If a camper is caught out of their cabin after lights out (unless they have a good reason approved by the Dean) they will be given a warning. 2. If they are caught out a second time the parents will be called to come and pick up their child. 3. If a camper is caught out of their cabin after lights out and is involved in an inappropriate activity the parents will be called and asked to come and pick up their child at the first offense. In such cases the camp fee will not be refunded. Cabin parents do not have the authority to override this rule.
7. There shall be no food or drinks in the cabins.
8. No camper is to be absent from class unless sick and given permission from the First Aid Supervisor.
9. Sickness and injury must be reported to the First Aid Supervisor.
10. All medications are to be given to the First Aid Supervisor during registration.
11. Upon arrival at camp the camper must check in with the Registrar before going to their assigned cabin.
12. Bring clothes to play in and swim (not two-piece). No halter tops, bare midriffs, or short shorts allowed (3" inseam minimum or fingertip rule). Tops must have wide straps at minimum, and may not be low cut or overly open on the sides (no low cut or spaghetti strap tank tops or low cut armholes). All clothing must cover undergarments for both boys and girls. In the matter of dress, Christian judgment must prevail. All extremes are to be avoided and common sense is to be shown. A Staff or Faculty member of the same gender may request a camper to change clothes in case of inappropriate attire.
13. In case of refusal to obey, the camp management reserves the right to dismiss and exclude the camper from camp. In such cases, the registration fee will not be refunded.
14. No picture or videos of camp activities, campers, or others taken in the bathrooms/cabins are allowed to be posted on the internet or sent to anyone else without being approved, in writing, by the Camp Manager.
15. It is expected that faculty with conceal carry permits will keep their firearm locked in their car at all times and not on themselves and not in the cabins, even if they have a personal safe.
16. The Dean has authority over all campers and faculty, however, the Camp Manager, as a representative of the Camp Board, has FINAL authority in all camp matters.

Rule of Three

No one should ever be in a one-on-one situation with any minor. A team approach must always be used, and three people age seven and older is the minimum for any group. Any number of unsupervised minors does not meet the minimum requirements. If the necessity for one-on-one interactions arise, the interaction should occur in an unenclosed area with the knowledge and within the eyesight of another adult. Everyone is encouraged to warn each other at the first signs of questionable behavior.

Financial Information

Costs

Camp Fee (includes program and picture) +\$ _____

See schedule and pricing on the right

Session attending _____

Canteen Card recommendations +\$ _____

- First Chance \$4
- Middlers \$12
- Intermediate \$16
- Junior High 1 \$8
- Junior High 2 \$20
- High School 1 \$8
- High School 2 \$20

T-shirt +\$ _____

Available sizes are Youth Small to Adult XXL and are \$15 each.

Register 2 weeks before session and receive a free shirt.

Choose a shirt size: YS YM YL S M L XL XXL

Mission offering (optional) +\$ _____

What ever you would like to donate to the mission of the Session, above remainder on canteen card.

Discounts

Less "Home Church Scholarship" Discount -\$ _____

Check with your home church about scholarships. Home Church will be billed only if signed by your home church Minister, Youth Minister, or Camp Representative.

Church Representative Signature _____

Home Church _____

Camper Balance (due upon arrival) =\$ _____

Make checks payable to:

SICSC
PO Box 69
West Frankfort, IL 62896

Office Use Only:

Date Postmarked _____ Check No. _____
Paid by _____
Amount Paid _____ Check Cash Other

How did you hear about us: Church Social Media Friend Web

2022 Summer Camp Schedule

<input checked="" type="checkbox"/>	<u>Date</u>	<u>Event</u>	<u>Grade</u> <u>Fall '22</u>	<u>Fee</u>	<u>Check</u> <u>In</u>	<u>Check</u> <u>Out</u>	<u>Dean</u>
<input checked="" type="checkbox"/>	May 31 June 3	Jr. High Wilderness	7 8	\$93	Tues, 3p	Fri, 5p	Darren Periman
<input type="checkbox"/>	June 5-10	Sr. High Wilderness	9-12	\$155	Sun, 3p	Fri, 5p	Joey Haw- kins
<input checked="" type="checkbox"/>	June 5 7	Jr High 1	7 8	\$62	Sun, 3:30p	Tues, 1p	Marcus Clarry
<input type="checkbox"/>	June 17	Day Camp	K-1	Free	Fri, 8:30a	Fri, 3p	Scott Pilkington
<input checked="" type="checkbox"/>	June 26 July 1	High School 1	9 12	\$155	Sun, 3:30p	Fri, 1p	Darren Periman
<input type="checkbox"/>	July 10-13	Middlers	3-4	\$93	Sun, 3:30p	Wed, 1p	Curtis Rentfro
<input checked="" type="checkbox"/>	July 14 15	First Chance	2	\$31	Thurs, 3:30p	Fri, 1p	TBD
<input type="checkbox"/>	July 17-21	Intermediate	5-6	\$124	Sun, 3:30p	Thu, 1p	Bryce Pit- lick
<input checked="" type="checkbox"/>	July 22 23	High School 2	9 12	\$31	Fri, 3:30p	Sat, 1p	Mike Periman
<input type="checkbox"/>	July 24-29	Junior High 2	7-8	\$155	Sun, 3:30p	Fri, 1p	Darren Periman

Sign-out procedures are required for all campers, including any camper leaving early or with someone other than parents / guardian!

If I am unable to pick up my child at dismissal, I give the following individual(s) permission to do so.

Person given permission to pick up my child after camp.

Parent's Signature _____ Date _____

Medication Permission Form

I, the primary contact of the camper named on this form, give my permission for the personnel at SICSC to dispense the following over-the-counter medications:

- | | |
|--|---|
| <input type="checkbox"/> Tylenol or Motrin | <input type="checkbox"/> Eye wash or contact solution |
| <input type="checkbox"/> Benadryl (oral medication) | <input type="checkbox"/> Sore throat Lozenge or Cough Lozenge |
| <input type="checkbox"/> Benadryl (topical medication) | <input type="checkbox"/> Swimmers ear drops |
| <input type="checkbox"/> Sudafed PE | <input type="checkbox"/> Ear ache relief drops |
| <input type="checkbox"/> Tums | <input type="checkbox"/> First aid ointment |
| <input type="checkbox"/> Pepto-Bismol | <input type="checkbox"/> Hydrocortisone cream |
| <input type="checkbox"/> Aloe Vera Moisturizing Lotion | <input type="checkbox"/> Sting Kill |
| <input type="checkbox"/> Antifungal cream | <input type="checkbox"/> Bug Repellant |
| <input type="checkbox"/> Sun Screen | |

Dispense medication(s) brought to SICSC by the primary contact or prescribed by the SICSC physician while in attendance. Yes No

Dispense prescription or other over-the-counter medication designated by and provided by the primary contact or family physician. Yes No

Primary Contact Signature _____ Date _____

"Camper Provided" Medication Information

- My camper is not bringing any medications

	Name	Dosage/Time	Reason	Reaction
1.				
2.				
3.				
4.				
5.				

All medicines must be turned in to the nurse at registration.

All medicines must be in original container when brought to camp.

If parent / guardian cannot be reached in emergency call:

Name _____ Relationship to Camper _____

Best Contact Number (_____) _____ Cell Home

Activity / Medical Release

Camper Name _____

Session of Camp _____

Pediatrician / Physician Contact

Pediatrician Name _____

Pediatrician Phone (_____) _____

Does the Camper have health insurance: Yes No

I understand that, in the event of an emergency, SICSC will make every effort to contact those people listed on this form. In the event that SICSC is unable to contact myself or the designated emergency contact, I give my permission to the physician selected by camp management to secure treatment for my child as named on this form. I will not hold SICSC, its staff, faculty, or management liable unless guilty of negligence.

I understand that completion of this medical form with my signature grants the above named camper participation in SICSC programs and activities.

SICSC insurance only assists medical injuries occurring during the duration of the SICSC program. Individual insurance coverage will be primarily responsible for extended coverage and SICSC will be limited to secondary coverage only.

I release SICSC staff, faculty, officers, and management from any liability and shall not hold them responsible for any articles lost, stolen, or left at the camp.

I have read and fully understand the Camp Rules for Campers. If the camper fails to abide by the guidelines stated, disciplinary action will occur and may include dismissal from the camp program.

Parent / Guardian Signature _____ Date _____

Camper Signature _____ Date _____

SICSC has my permission to use any video or photos taken of my child while attending or participating in a camp program to promote SICSC and its ministry.
Yes No

Is it Signed? Your registration can not be processed without a Primary Contact signature above!

Medical History

Allergies: Please list any serious food, medication, insect, or other allergies and describe the reaction and management of the reaction. Please list only allergies that cause severe stomach or behavioral problems, rashes, hives, or breathing problems.

1. Allergy: _____

Reaction: _____

Medication: _____

2. Allergy: _____

Reaction: _____

Medication: _____

Immunization Record: Has your child received vaccinations required by the state of Illinois for school. Yes No

Various Medical Conditions: List medical conditions or history. *Nothing checked indicates the camper has no medical conditions and is capable of full participation.*

- | | | |
|---|---|--|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> PTSD | <input type="checkbox"/> Heart Disease |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Serious illness |
| <input type="checkbox"/> Serious injury | <input type="checkbox"/> Significant life event | |
| <input type="checkbox"/> Other _____ | | |

Date of Last Tetanus Booster _____

Special Health / Behavioral Conditions _____

Physical Limitations _____

Please be sure to include any other important information that will assist us in creating a safe environment for your child on an additional page.

Sessions of Camp



SICSC offers different sessions of traditional and non-traditional camp which are held either on the main campus or other parts of Illinois. Each session is geared toward the grade your child will be entering in the fall. When considering a session of camp for your child or children read the descriptions below:

Wilderness: Senior High (Grades 9th-12th) and Junior High (Grades 7th-8th) These sessions are traditional sessions of camp that are 5 days in length. Campers will experience cooking their meals over an open fire, exploring God's creation, plenty of outdoor activities, and camping in the Shawnee National Forest. These sessions are designed for smaller groups that allow each camper to discover God and His love in a natural setting.

Day Camp (Grades K-1st)

This session of camp is special because it involves one day. Registration begins at 8:30a until 4p. During the day campers experience a variety of activities that each camper will enjoy. The day is designed to teach Biblical principles while offering them the opportunity to enjoy God's creation.

First Chance (Grades 2nd), Middlers (Grades 3rd-4th), Intermediate (5th-6th), Junior High (Grades 7th-8th), and Senior High (Grades 9th-College Freshman)

These sessions are traditional sessions of camp that are either 2 or 6 days in length. They offer a wide variety of experiences for each camper to enjoy. Campers will be able to take advantage of the activities located on campus while staying in our A/C cabins. Each session will feature Bible studies, missions, campfires, and many recreational activities. These sessions are designed to teach biblical principles while offering them the opportunity to enjoy God's creation.