

CAMPER REGISTRATION FORM

ILLINOIS DEPARTMENT OF HUMAN SERVICES APPLICATION FOR DFI TITLE XX CAMPING SERVICES THROUGH THE

American Camp Association @ Illinois

"Funding provided in part by the Illinois Department of Human Services"

CASE NAME: (Last) (First)	TELEPHONE NUMBER: ()	CASE NUMBER: _/_/____/____/____/____
CASE ADDRESS	CITY STATE ZIP CODE	Teen REACH Agency Name:

CAMPERS - I am requesting DFI Title XX Camping Services for the following camper(s): I understand that I MAY NOT register these same campers for more than one camp in the same season (Summer, Fall, Winter, Spring). Please use the Case ID Number, not the ID Number given for each eligible person listed on the back of the MediPlan form.

PLEASE USE BALL POINT PEN ONLY - PRESS HARD

1st Camper - Case Number (If different than above): ___/___/___/___

Name: _____ Male Birthdate: _____
 _____ Female Age June this year: _____
 Last First MI Grade September this year: _____
 Camp: _____ Dates: _____

2nd Camper - Case Number (If different than above): ___/___/___/___

Name: _____ Male Birthdate: _____
 _____ Female Age June this year: _____
 Last First MI Grade September this year: _____
 Camp: _____ Dates: _____

3rd Camper - Case Number (If different than above): ___/___/___/___

Name: _____ Male Birthdate: _____
 _____ Female Age June this year: _____
 Last First MI Grade September this year: _____
 Camp: _____ Dates: _____

4th Camper - Case Number (If different than above): ___/___/___/___

Name: _____ Male Birthdate: _____
 _____ Female Age June this year: _____
 Last First MI Grade September this year: _____
 Camp: _____ Dates: _____

Name of Camp: _____ **Camp Sessions From** _____ **To** _____

If camper(s) will attend different sessions please list under their name(s).

PARENTAL CERTIFICATION AND AUTHORIZATION - I certify that to the best of my knowledge and belief, the information provided is true, correct and complete. I understand that the information will be disclosed only for purposes of administration of services, and that IDHS may verify the information I have provided. I understand that I have the right to appeal any adverse action and to have a fair hearing of grievance. I request camping services for the person(s) named as camper(s) above and give my permission for them to receive medical treatment, including surgery, in case I cannot be reached. I HEREBY GIVE PERMISSION FOR THE PERSON(S) NAMED AS CAMPER(S) ABOVE TO PARTICIPATE IN THE CAMPING PROGRAM AT CAMP(S) NAMED ABOVE AND AGREE TO HOLD FREE from any and all liability the Illinois Department of Human Services, the American Camp Association, Illinois and the Private Agencies and Camps, or any of their Officers, Employees and Members, and waive all claims for damages or recompense for any accident, injury or disability to the person or property of the aforementioned camper(s) arising out of or connected with his/her participation in any of the activities of the Camping Program.

Signature of Client

Date

CAMP REGISTRAR USE ONLY	CONFIRMATION OF REGISTRATION AND CERTIFICATION OF ELIGIBILITY
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I have seen the MediPlan card and photo "ID" where possible as verification of the Case I.D. Number and eligibility of the camper(s).

Registrar's Signature

Date

Location

WHITE: Copy to ACA **YELLOW:** Camp Copy **PINK:** Parent Confirmation Receipt