



BEULAH BIBLE CAMP

WHO: Kids finishing 4th, 5th & 6th grade
(sponsors are provided by St. Matthew UMC Children's Ministry)

WHEN: Monday, June 24 through Thursday, June 27

WHAT: Our theme this year is, "JOY: Jesus, Others, You!" We have an exciting camp planned with worship, Bible studies, games, crafts, and high-energy outdoor recreation. We will also have special evening activities and devotions each night of camp. Come prepared to make new friends and renew old friendships from previous years.

WHERE: Beulah Camp, 700 Trolley Dr., Eldorado, IL (618) 273-3583
(Southern Illinois – approx. 2.5 hours away)

COST: **Before April 3:** \$80.00 per camper (church pays remainder)
After April 3: \$100.00 per camper (church pays remainder)



J.O.Y
JESUS.OTHERS.YOU

Please return attached forms and payment to Lindsay Vollmar in the church office (or in Kid's Town office #217). Checks are made payable to St. Matthew U.M.C. You will receive a Camp Information Form in June with a list of what to pack for your kids, important dates & times and camp contact information.

For questions, call Lindsay Vollmar at (618) 660-7552 cell, (618) 397-5994 ext. 116 church, or email to lvollmar@stmatthewumc.org.

Illinois Great Rivers Conference United Methodist Camps
Camper Registration Form
 (Only one name per form, please)

Beulah Bible Camp

Name of Camper: _____

FAMILY INFORMATION – PLEASE WRITE LEGIBLY

Father/Guardian Name: _____ Home Phone: (____) _____ Cell Phone: (____) _____ Valid Email Address: _____	Mother/Guardian Name: _____ Home Phone: (____) _____ Cell Phone: (____) _____ Valid Email Address: _____
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Name of emergency contact: _____ Phone: _____

NOTE: Registration confirmation documents forms will be sent via e-mail

Camper resides with: Father Mother Both Other: _____
Name/Relationship

Camper Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Other phone: _____

Full Church Name (including city!) St. Matthew UMC, Belleville

Denomination: UMC Pastor's Name: Bob Swickard

CAMPER INFORMATION

Date of Birth: ____ / ____ / ____ Male Female Grade in School 2019-2020 _____ Age at time of Camp _____

Camper Email Address: _____

Peanut allergy – reaction to: <input type="checkbox"/> Airborne (must remove anything containing peanuts) <input type="checkbox"/> cannot be ingested	Lactose allergy: <input type="checkbox"/> milk can be in food <input type="checkbox"/> no milk or dairy products at all
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Other food allergy or restriction (such as gluten free, shell fish, pineapple, etc.) _____

Indicate camping experience: 1st time camper 1st time at an IGRC Camp This is my _____ year at an IGRC camp

T-Shirt Size: Child: Small Medium Large Adult: Small Medium Large Extra Large Extra-Extra Large

Learned about camp through (choose one): Church Friend Email Web Other: _____

Physical, emotional, mental, or behavioral issues that may necessitate special arrangements or adaptations for the safety and welfare of the camper (e.g., autism, bi-polar, emotional, developmental challenges, diabetic) _____

CABIN MATE REQUEST: 1 St. Matthew 2. X

PROGRAM CHOICE

Please refer to Registration Instructions for details.

Camp Selection	Camp ID Number	Dates of Camp	Camp Title	Fee
First Choice			<u>Bible Camp</u>	
Second Choice				
TOTAL FEE DUE				\$ _____

I am registering for: One camp Both camps listed above

DISCOUNT INFORMATION – Camps not eligible for discounts will be indicated near the camp ID

Bring A Friend Discount: (East Bay, Little Grassy, and Canoe Camps Only) Campers may receive \$25.00 off their half-week or week-long camp for each new friend they bring. To be eligible, each friend must not have attended any of the IGRC Camps in the past three (3) years. Each new camper must list the inviting camper's name on the registration. **SIBLINGS DO NOT QUALIFY AS A FRIEND.**

Sibling Discount: (East Bay, Little Grassy, and Canoe Camps Only) Camps not eligible for this discount will be indicated by the price. A discount of \$25.00 per child is available for families sending multiple children to half-week or week-long camps. This discount applies to each child after the first: *Example – A family is sending three (3) children to camp. The cost is \$100.00 per child. The first (1st) child pays the full \$100.00. The second (2nd) child receives a \$25.00 discount, making the cost \$75.00 for child two (2). The third (3rd) child also receives a \$25.00 family discount making the total \$75.00 for child three (3).*

Early Bird Discount: Register and pay in full by April 15, 2019 and you may deduct \$25.00 from the cost of camp. Camps not eligible for this discount will be indicated by the price. This discount will end at 11:59 p.m. on April 15 for online registrations. Postmarks will be used to determine if the April 15 deadline was met for those registering and/or paying by mail. **NOTE: Payment "in full" includes any contribution your church will make towards the cost of camp.**
 (continue on next page)

DISCLOSURE STATEMENT FOR CAMPER'S AGE 18 AND OLDER

Please respond to the following questions:

- Yes No Have you ever been convicted of any crime relating in any manner to children and/or your conduct with them? If yes, please explain on a separate sheet.
- Yes No Have you ever been convicted of any crime including, but not limited to, those listed below and/or any crime similar in any manner to those listed below? If yes, please explain on a separate sheet.
- Indecent assault and battery on a child under fourteen
 - Indecent assault and battery on a mentally retarded person
 - Indecent assault and battery on a person who has obtained the age of fourteen
 - Rape
 - Rape of a child under sixteen with force
 - Assault with intent to commit rape
 - Kidnapping of a child under sixteen with intent to commit rape
 - Distribution and trafficking of narcotics or other controlled substances
 - Intent to commit any of the above crimes
- Yes No Have you ever been adjudged liable for civil penalties or damages involving sexual or physical abuse of children? If yes, please explain on a separate sheet.
- Yes No Are you now or have you ever been subject to any court order involving sexual or physical abuse of a minor, including, but not limited to a domestic order of protection? If yes, please explain on a separate sheet.
- Yes No Have your parental rights ever been terminated for reasons involving sexual or physical abuse of children? If yes, please explain on a separate sheet.

I understand that:

- a. Registration may be denied to any person who answers any of the questions above in the affirmative.
- b. The information which I have furnished on this form is subject to verification.
- c. Registration may be terminated if registrant is:
 - 1) found to have a history of complaints of abuse of a minor and/or
 - 2) found to have resigned, been terminated or been asked to resign from a position whether paid or unpaid, due to complaint(s) of sexual abuse of a minor

Signature of applicant age 18 and older: _____ Date: _____

PAYMENT INFORMATION

1. Make checks payable to IGRC.
2. Send full payment or a \$50 deposit per camp.
3. Full payment must be received 3 weeks prior to the camp's start date.
4. If your registration is faxed, payment is required using a credit card.
5. There is an additional 3% transaction fee for credit card payments.
6. Mail registration and payment to IGRC Camping Office, PO Box 19207, Springfield, IL 62794-9207.

	Check #	Amount
Total Cost of camp (BEFORE DISCOUNTS/SCHOLARSHIPS)		\$
\$25 Sibling Discount (see camping brochure for instructions)		— \$
\$25 Bring a Friend Discount (see camping brochure for instructions) SIBLINGS DO NOT QUALIFY AS A FRIEND		— \$
NAME OF FRIEND (use separate sheet of paper if needed)		
\$25 Early bird discount – if registration and full payment is received by April 16		— \$
Amount church is paying		\$
Amount family is paying		\$
Total enclosed		\$

PAY BY CREDIT CARD

Name on Credit Card: _____ Type: Visa Master Card

Credit Card Number: _____ Expiration Date: _____ CVV/CVC code _____

Credit Card Billing Address: _____
Street Address City State Zip Code

Total amount to be charged (plus 3% transaction fee): _____

Signature: _____ Date: _____

I, _____, verify that:

- I have the authority to register this camper for camp
- The above information is correct
- I am aware that an up-to-date All-in-One Medical Record and Permission Form **must be** presented at the camp upon registration

Signature: _____ Date: _____

Illinois Great Rivers Conference of the United Methodist Church
Camping and Youth Ministries
HEALTH AND PERMISSION FORM

IMPORTANT! Each registrant ***must*** bring this form to camp in order to participate.
Please do ***not*** send this form to the camping office

SECTION I: NAME OF CAMP Beulah Bible Camp **CAMP ID NUMBER** _____

SECTION II: PERSONAL INFORMATION

Full Name of Participant: _____ Date of birth: _____ Age: _____

Mailing Address: _____

City/State/Zip: _____ Phone # 1: _____ Phone #2 _____

Custodial Parent Information: Name: _____ Home Phone: _____

Cellular Phone: _____ Work Phone: _____

Mailing address: _____ Email: _____

Church (include also the name of the church in which the church is located): _____

SECTION III: MEDICAL INSURANCE INFORMATION

Is the camper covered by a medical insurance policy? Yes No

Name of policy holder: _____ Relationship to participant: _____

Insurance company: _____ Phone #: _____

Medical insurance policy number: _____ Check one: Group plan Individual/Family plan

SECTION IV: MEDICAL HISTORY (Must be up-to-date upon arrival at camp. Attach additional pages if needed)

Is camper current on all immunizations as required by the public school system? Yes No Date of last Tetanus shot: ____ / ____ / ____

List allergies, including allergies to medications, indicating the severity of reaction: _____

Please check which applies if peanut allergy – reaction to: airborne (must remove anything containing peanuts) cannot be ingested

if lactose allergy: milk can be in food no milk or dairy products at all

List prescribed and over-the-counter medication(s) presently taking (medications to be administered at camp *must be* in original containers): _____

List past medical treatments _____

Please describe any medical problems or conditions including mental & emotional: _____

List any restrictions pertaining to diet, sports, or physical activity: _____

List any medications that should ***not*** be administered: _____

Doctor's name: _____ Doctor's phone: _____

SECTION V: LIABILITY RELEASE

For Parents/Guardians of Youth Participants:

I, the undersigned parent or guardian, do hereby grant permission for _____ to attend _____ Camp. As the parent/guardian, I understand that I am responsible to transport the youth home if he/she is found in violation of the rules.

For Parents/Guardians and All Participants:

Further, I understand that participation in IGRC camping and youth ministry activities can involve a certain degree of risk and can from time to time be physically, mentally and emotionally demanding. I have educated myself as to the nature of the activities that I (my child) will be participating in, have been provided an opportunity to have questions about said activities answered, and have considered the risks involved in participating in said activities. I do hereby voluntarily give my consent (for my child) to participate in each of these activities. I understand that participation in any IGRC camping and youth ministry activity is completely voluntary and that I (my child) can refuse to participate in any activity I (he, she) deem(s) to be inappropriate for me (him, her). I release the Illinois Great Rivers Conference of the United Methodist Church, its activity coordinators and all employees, volunteers and agents of the Illinois Great Rivers Conference of the United Methodist Church (the "Released Parties") from any and all claims of liability arising out of my (my child's) participation in any IGRC camping and youth activities, including any claim arising out of travel to or from the site of the location of these activities. I further agree that if I or if anyone on behalf of my child makes a claim for damages against any of the Released Parties, that I will indemnify and hold harmless each of the Released Parties from any and all such liability, damages, attorneys' fees and costs that any of the Released Parties may incur as a result of said claim or claims, to full extent allowed by applicable law.

For Adult Volunteers:

As a volunteer age 18 or over I agree to a background check conducted by the Illinois Great Rivers Conference (please download and complete the background check form)

(Continued on the next page - signature required)

Name of Camper _____
 Name of Camp Bible Camp

SECTION VI: AUTHORIZATIONS

Please initial the following permissions and affirmations to signify agreement:

<u>Initials</u>	
	For camp staff to obtain and consent to medical treatment for me or my child in case of injury or illness during camp
	For me or my child to receive <u>the checked OTC medicines below</u> (you must select the OTC medicines below) in appropriate dosage and under appropriate circumstances _____ Acetaminophen (temp/pain reliever) _____ Suphedrine (Sudafed/allergy) _____ Ibuprofen (temp/pain reliever) _____ Diphenhydramine (Benadryl/allergy) _____ Loperamide (Antidiarrheal) _____ Guaifenesin (Robitussin/Cough Syrup)
	For IGRC Camping and Retreat Ministries and its designees to transport me or my child to off-site activities and/or for health or safety.
	For interviews, photographs, or video footage of my child or myself to be used by IGRC Camping and Retreat for promotional purposes.
	That medical information submitted with this form is current.
	Required for <u>all</u> campers attending any IGRC horse camp: I am aware that my child or I will be near to or riding horses, which are large animals, can be unpredictable, and can bite, buck and kick. I am aware that participants must be alert when near them and follow all guidelines and procedures concerning their care and handling.

SECTION VII: CAMPER RELEASE AUTHORIZATION for campers under age 18

- All campers are to be released only to an authorized person.
- Parents/guardians must complete and sign a form (see below) authorizing release of the camper to anyone other than the custodial parent or legal guardian listed on the front of this form. Please list the name of parent/guardian not listed on the front of this form, grandparent, aunt, uncle, family friend, church leader, etc., of anyone that might pick up the camper. If that person is not listed, then the site will not be able to release your camper to them.
- Identification may be required for release of campers to authorized persons. Authorized persons are to be directed to the camp counselor, dean, or camp director to sign their camper out.
- If a custodial parent request that a camper not be signed out to a noncustodial parent, such a request must be in writing to be kept on file.
- When a last-minute change occurs in who will be picking up a camper, the new instructions are to be verified with the camp director from an authorized person.

I hereby authorize the following persons to pick up my child or children at the end of the session if I do not pick up my child:

Name: Lindsay Vollmar Relationship: Children's Min.
 Name: (St. Matthew Kid Min) Relationship: _____
 Name: _____ Relationship: _____

My signature below verifies enrollment of the camper named in Section II at the Illinois Great Rivers Conference of The United Methodist Church Camping and Retreat Ministries' activity, subject to the conditions and permissions set forth in Section V, VI, and VII.

 Signature of Parent, Guardian, or Adult Participant Date Printed Name of Parent, Guardian, or Adult Participant

 Person to call in case of emergency Emergency phone number (with area code)

 Alternate person to call in case of an emergency Alternate emergency phone number (with area code)

This section is completed by the camp nurse/medic when the camper arrives at camp.

Does the camper show any evidence of illness, injury or communicable disease? No Yes (if "yes," attach sheet with explanation)

I have conducted a health screening on the camper, checking for observable evidence of illness, injury, or communicable disease, verifying and updating this health history form, and reviewing/collecting medications to be dispensed during the camp.

Signature of health care worker: _____ Date: _____

This section is to be filled out at time of release of camper if under age 18.

Printed name of person picking up camper: _____
 Signature of person picking up camper: _____ Date: _____
 Witnessed by: _____ Date: _____

DON'T FORGET! Each registrant must bring this form to camp in order to participate!!