

# **BEULAH BIBLE CAMP**

**WHO:** Kids finishing 4<sup>th</sup>, 5<sup>th</sup> & 6<sup>th</sup> grade

(sponsors are provided by St. Matthew UMC Children's Ministry)

**WHEN:** Monday, June 26 through Thursday, June 29

**WHAT:** "Survivor, Life Skills from Proverbs" includes worship, games, crafts, fellowship time and high-energy outdoor and indoor fun. Come learn with us through the Proverbs that God has given us. Come prepared to make new friends and renew old friendships as we spend an awesome 4 days together at camp!

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

**COST:** Before April 5: \$80.00 per camper (church pays remainder)  
After April 5: \$100.00 per camper (church pays remainder)



**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](mailto:lvollmar@stmatthewumc.org).**

- Bible -

# Illinois Great Rivers Conference United Methodist Camps

## Camper Registration Form

(Only one name per form, please)

### FAMILY INFORMATION - PLEASE WRITE LEGIBLY

Name of Camper: \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_ Home phone: ( ) \_\_\_\_\_

Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Valid Email Address: \_\_\_\_\_

Mother/Guardian Name: \_\_\_\_\_ Home phone: ( ) \_\_\_\_\_

Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Valid Email Address: \_\_\_\_\_  No email address

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: Jim Stone

### CAMPER INFORMATION

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  Male  Female Grade in School 2017-2018 \_\_\_\_\_ Age at time of Camp \_\_\_\_\_

Camper Email Address: \_\_\_\_\_

Food allergies: \_\_\_\_\_

**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

Indicate camping experience:  1<sup>st</sup> time camper  1<sup>st</sup> 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) \_\_\_\_\_

Cabinmate Request: 1) St. Matthew UMC 2) \_\_\_\_\_

### PROGRAM CHOICES

Please refer to Registration Instructions for details.

Camp Selection	Camp ID Number	Dates of Camp	Camp Title	Fee
First Choice		<u>June 26-29</u>	<u>Beulah Bible</u>	
Second Choice				
<b>TOTAL FEE DUE</b>				<b>\$ _____</b>

I am registering for:  One camp  Both camps listed above

(Continued on next page)

## DISCLOSURE STATEMENT FOR CAMPERS 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. There is an additional 3% transaction fee.
5. Mail registration and payment to IGRC Camping Office, PO Box 19207, Springfield, IL 62794-9207.

	Check	Amount
Parent/Guardian Responsible for Full Cost	\$	
Parent/Guardian Responsible for Partial Cost	\$	
Church Responsible for Full Cost	\$	
Church Responsible for Partial Cost	\$	
<b>Total (must add up to Total Fee Due above)</b>	<b>\$</b>	

#### PAY BY CREDIT CARD

Name on Credit Card: \_\_\_\_\_ Type:  Visa  Master Card

Credit Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Amount to be charged (subject to 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  
CAMPER ALL-IN-ONE 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** \_\_\_\_\_ **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 city 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 [Signature]  
 Name of Camp Beulah Bible

**SECTION VI: AUTHORIZATIONS**

Please initial the following permissions and affirmations to signify agreement:

Initials	
	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.
	<b>Required for <u>all</u> campers attending any IGRC horse camp:</b> 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: St. Matthew bus / Lindsay Vollmar Relationship: children's minister  
 Name: \_\_\_\_\_ 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!!**