

# "Back to Bethlehem"

## EPISCOPAL CHURCH CAMP OF ILLINOIS July 3 to July 9, 2005

*Sponsored by the Episcopal Dioceses of Quincy and Springfield*

*Located at East Bay Camp - Hudson, Illinois  
15 minutes north of Bloomington/Normal on Lake Bloomington*

### PURPOSE STATEMENT

The purpose of the Episcopal Church Camp of Illinois is to provide both youth and adult participants with the extraordinary opportunity to live in a Christian community within the environment of the cabins, lakes, and woods of East Bay Camp. It is our goal that all participants will experience this life in Christ, the particular expressions of which may be somewhat different from what they experience in their home parishes; and that their growth in Christ may be enriched by these experiences.

*To that end, we ask of everyone who attends the camp, in whatever session, that they:*

- 1. Participate fully (or as fully as is physically possible) in all activities of their cabin and/or session;*
- 2. Honor and respect the dignity of every other camper and staff member;*
- 3. Honor and respect the property of our hosts, East Bay Camp, and also of every camper and staff member;*
- 4. Follow any and all procedures as may be outlined by East Bay Camp;*
- 5. Follow any and all rules as may be outlined by their particular Cabin Leader or Session Director.*

**\*\*Attendance at Camp indicates the acceptance of the above principles\*\***

### Episcopal Church Camp of Illinois

is divided physically into 3 separate adjoining camps:

#### **JUNIOR CAMP**

Those campers who have completed  
Grades 1, 2, 3, or 4  
Dennis Brown, **Director**

#### **MIDDLER CAMP**

Those campers who have completed  
Grades 5, 6, or 7  
Jamie Miller, **Director**

#### **SENIOR CAMP**

Those campers who have completed  
Grades 8, 9, 10, or 11  
Don Monty, **Director**

#### **A Typical Day Includes . . . .**

- a morning spiritual program conducted by the session's spiritual director, who is a priest from one of the dioceses, Father Herrmann, Father Drummond, or Father Swan.
- an all-camp Eucharist
- a swimming/boating time
- an afternoon sports activity
- a craft activity
- an evening event
- a smoke-free environment

APPLICATION  
EPISCOPAL CHURCH CAMP OF ILLINOIS 2005  
Sunday, July 3 to Saturday, July 9, 2005

*"Back to Bethlehem"*

All applications must be postmarked by JUNE 1, 2005

To ensure a confirmed registration for 2005 Episcopal Church Camp, please send this completed application with a \$50 registration deposit or parish scholarship made payable to Episcopal Church Camp of Illinois to the registrar:

**Becky Gamage  
1025 Kentucky  
Quincy, IL 62301**

**Camp Fees**

\$190 for the first member of a family  
\$170 for the second member of a family  
\$150 for all additional family members

(\*\*Note: EARLY BIRD DISCOUNT: if full fees are postmarked by May 1, 2005, please deduct \$10 per camper)

*All camp fee payments must be postmarked no later than June 1, 2005.*

Camper/Participant \_\_\_\_\_ Parent's e-mail \_\_\_\_\_

Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Street

City

State

Zip

Birth date (MM/DD/YY) \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Grade **COMPLETED**, June 2005 \_\_\_\_\_

Home Parish \_\_\_\_\_  
Parish Name City Diocese

Please list any siblings that the camper will have at camp (First and Last Name).

Special requests: Include here buddy requests, special needs (please be specific), or vegetarian diet requests.

T-shirt size (all are adult sizes) Sm \_\_\_\_\_ Med \_\_\_\_\_ L \_\_\_\_\_ X-L \_\_\_\_\_ XX-Lg \_\_\_\_\_ XXX-Lg \_\_\_\_\_

**Attention Parents and Clergy:**

If any portion of camper's fees will be paid by scholarship of any kind, this application must be signed and submitted by the parish and must include any parish scholarship monies with the application.

To be completed by the parish office only:

Parish scholarship \_\_\_\_\_ Amount (must be included with application)  
 Diocesan scholarship \_\_\_\_\_ Amount  Quincy  Springfield (first time campers only)  
Clergy signature \_\_\_\_\_

**Please note:** No applications will be processed without complete information for parents and two emergency contacts (back of application) and the **Camp Health Form**. Applicant is not registered if application is received without this information, or if any required form is incomplete in any way.

**\*\*ATTENTION PARENTS: PLEASE COMPLETE BOTH SIDES OF THIS FORM\*\***

*After your application is processed, you should receive confirmation of your registration within two to three weeks. Please be patient.*

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## Episcopal Church Camp of Illinois 2005

### EMERGENCY INFORMATION:

Camper's Name \_\_\_\_\_

Parent(s) Name \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

**Required**

### Emergency Contacts:

In case of emergency, please contact (please provide **at least** two):

Name \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

Phone \_\_\_\_\_ Work phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

Phone \_\_\_\_\_ Work phone \_\_\_\_\_

The enclosed 2-sided health form is required by East Bay Camp.

**For registrar use only:**

Date postmarked \_\_\_\_\_ Total camp fee amount for this camper \_\_\_\_\_

Deposit amt. \_\_\_\_\_ Parish scholarship \_\_\_\_\_ Family \_\_\_\_\_

Diocesan Scholarship \_\_\_\_\_

Add'l payment amt. \_\_\_\_\_ Date received \_\_\_\_\_

## Camp Health Form

**INCOMPLETE FORMS WILL NOT BE ACCEPTED. PLEASE FILL IN ALL INFORMATION.**

Please be sure to notify the camp session director if this camper is exposed to communicable disease or has suffered injury during the three weeks prior to camp attendance.

### Health and Accident Coverage

Camper/Participant \_\_\_\_\_ Birthdate \_\_\_\_\_  
Age \_\_\_\_\_ Sex \_\_\_\_\_

Parent or Guardian (or spouse) \_\_\_\_\_ Home Phone \_\_\_\_\_  
Relationship \_\_\_\_\_ Area code and number \_\_\_\_\_

Home address \_\_\_\_\_

Parent/Guardian Work; or if not available, give other person to contact \_\_\_\_\_ Phone \_\_\_\_\_

If not available in an emergency notify:

\_\_\_\_\_  
Name Relationship Phone

\_\_\_\_\_  
Street and Number City State Zip

\_\_\_\_\_  
Insurance Company Policy No. Type ( ) group ( ) individual

\_\_\_\_\_  
Name of Policy Holder Policyholder's Employer and Employer's Address

#### AUTHORIZATION FOR MEDICAL TREATMENT

The undersigned parent/guardian/person authorizes the Episcopal Church Camp of Illinois to secure medical treatment for \_\_\_\_\_ (name of person) in case of any illness or accident for which the camp director or first aid personnel feels professional medical attention is required. I hereby give permission to the physician selected by the camp director/first aid personnel to hospitalize, secure proper treatment for, or to order injection, anesthesia or surgery for me/my child as named.

\_\_\_\_\_  
Signature of Parent or Guardian Relationship Date  
(or camper if of legal age)

Family Physician \_\_\_\_\_  
Name Phone number

Family Physician Address \_\_\_\_\_

Parent/Guardian Social Security Number \_\_\_\_\_ (Requested by hospital)

**Important! NO camper under 18 years of age will be accepted at camp unless the following section is fully completed. All campers are requested to complete this form.**

Please complete the health history on the reverse side of this form as accurately as possible. A health examination by a physician is only necessary if a camper has been exposed to contagious disease or is recovering from severe injury or illness. This information will enable a health care facility to treat you/your child with minimum delays in case of an emergency. **PLEASE ATTACH A SEPARATE SHEET IF ANY AREA NEEDS MORE INFORMATION.**

**HEALTH HISTORY:** (Check- giving approximate date)

Diseases:

Anorexia/bulimia _____	Rheumatic Fever _____
Asthma _____	Chicken Pox _____
Convulsions _____	German measles _____
Diabetes _____	Measles _____
Ear Infections _____	Mumps _____
Hyperactive _____	Heart _____
Lethargic _____	Respiratory _____

Allergies (list, if any): \_\_\_\_\_

Operations or serious injuries (dates): \_\_\_\_\_

Chronic or recurring illnesses and/or concerns of a physical or emotional nature (please be specific).  
\_\_\_\_\_  
\_\_\_\_\_

**IMMUNIZATION HISTORY**

This is a record of approximate dates of basic immunizations and most recent booster doses.

**DPT Series** \_\_\_\_\_ **Booster** \_\_\_\_\_ **Tetanus booster** \_\_\_\_\_  
**Polio OPV (Sabin)** \_\_\_\_\_ **Booster** \_\_\_\_\_  
**Typhoid** \_\_\_\_\_ **Measles Vaccine (live)** \_\_\_\_\_ **Tuberculin Test** \_\_\_\_\_  
**German Measles (Rubella)** \_\_\_\_\_ **Mumps Vaccine (live)** \_\_\_\_\_ **Smallpox** \_\_\_\_\_  
**Other** \_\_\_\_\_

**GENERAL PHYSICAL CONDITION**

Height \_\_\_\_\_ Weight \_\_\_\_\_  
Eyes- ( ) Normal ( ) Glasses ( ) Contacts Ears- ( ) Normal ( ) Hearing device ( ) Hard of Hearing  
Hernia \_\_\_\_\_ Extremities \_\_\_\_\_  
Posture (spine) \_\_\_\_\_  
Skin \_\_\_\_\_  
General Appraisal \_\_\_\_\_

**For Girls and Women**

Has this person menstruated? \_\_\_\_\_ If not, has she been told about it? \_\_\_\_\_  
If so, is her menstrual history normal? \_\_\_\_\_ Special Considerations \_\_\_\_\_

Special Diet \_\_\_\_\_

**Medications the Child Currently Uses (INCLUDE ANY AND ALL MEDICINES THE CHILD WILL BRING TO CAMP):**

\_\_\_\_\_  
\_\_\_\_\_

Is parent sending it? ( ) Yes ( ) No

\*\*Prescriptions must be in pharmacy container with proper dosage and child's name (pharmacy label).\*\*

Swimming, diving permitted? \_\_\_\_\_ Strenuous activity? \_\_\_\_\_

Are you now (or within the previous two years) receiving professional counseling for emotional concerns? ( ) Yes ( ) No  
If yes, briefly specify \_\_\_\_\_

Other \_\_\_\_\_

**UPDATE AT TIME OF ARRIVAL AT CAMP**

- Has camper experienced any medical problems within the last three weeks?
- Is camper still recovering from any medical problem, injury, or accident?
- Is camper bringing any medication?  Yes  No

Signature of person bringing child to camp if not parent \_\_\_\_\_