

# EPISCOPAL CHURCH CAMP of ILLINOIS 2011

*A cooperative and ecumenical ministry of the Diocese of Springfield (TEC) and the diocese of Quincy (ACNA)*

## Registration Instruction Sheet

Dear Campers and Parents:

Enclosed is an application form for this year's Episcopal Church Camp of Illinois that will be held **Sunday, July 3 to Saturday, July 9, 2011** at East Bay Camp on Lake Bloomington.

In recognition of the fact that many campers attend with brothers or sisters, the camp fees will follow a sliding scale:

**\$225 for the first camper of a family**  
**\$205 for the second camper of a family**  
**\$185 for additional members of a family**

When sending payment by check, please indicate the camper name(s) and amount included for each in the memo line.

A **\$50 registration deposit for each camper** is due with your registration. Parish scholarship monies may be submitted as the deposit, and a minimum of \$50 must be received with each application. **If your parish is providing a scholarship, the application must be submitted by the parish and must include the scholarship with application. Please see the reverse side of the application for an explanation on scholarship funds.**

***Any remaining balance is due (postmarked) by June 15, 2011.***

### **EARLY BIRD DISCOUNT**

Camper fees, **paid in full and postmarked by May 1, 2011**, can deduct \$10 per camper (\$215 for the first camper of the family, \$195 for the second camper of the family, and \$175 for each additional camper). This applies to campers receiving parish scholarships as well. **TOTAL FEE MUST BE POSTMARKED BY THE MAY 1<sup>st</sup> DEADLINE TO QUALIFY FOR THE DISCOUNT.**

**\*\*\* NO APPLICATIONS WILL BE ACCEPTED AFTER JUNE 1, 2011 – NO EXCEPTIONS! \*\*\***

Complete the application and the health form and send to:

**Episcopal Church Camp of Illinois**  
**c/o Rosalie Brownell**  
**1130 Kimberly Dr.**  
**Monmouth, IL 61462**  
309-734-4036

**e-mail: [rbrownell@citlink.net](mailto:rbrownell@citlink.net)**

*Please contact Rosie with questions about fees and registration.*

**For other camp information or questions, please contact:**

**Dave Lattan, Camp Coordinator**  
**(309) 653-2395 e-mail: [delattan@gmail.com](mailto:delattan@gmail.com)**

*When your application and health form are received and processed, you will be sent a postcard with instructions on downloading your camp materials. Please allow 2-3 weeks for processing your application.*

***Checks may not be cashed until the week of camp – please be patient.***

# EPISCOPAL CHURCH CAMP OF ILLINOIS

## July 3 to July 9, 2011

*Sponsored by the Dioceses of Quincy(ACNA) and Springfield (TEC)*

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

### PURPOSE STATEMENT

The purpose of 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  
Eric Machens, **Director**

#### **MIDDLER CAMP**

Those campers who have completed  
Grades 5, 6, or 7  
Betsy Wolin, **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.
- 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 2011  
 Sunday, July 3 to Saturday, July 9, 2011

# JOURNEY WITH PAUL - COME TO GOD'S KINGDOM

**All applications must be postmarked by JUNE 1, 2011.**

Please send this completed application with a  
**\$50 registration deposit or parish scholarship** made payable to **Episcopal Church Camp of Illinois** to:

**Episcopal Church Camp of Illinois  
 c/o Rosalie Brownell  
 1130 Kimberly Dr.  
 Monmouth, IL 61462**

### Camp Fees

\$225 for the first member of a family  
 \$205 for the second member of a family  
 \$185 for all additional family members

(\*\*Note: EARLY BIRD DISCOUNT: if full fees are postmarked by May 1, 2011, please deduct \$10 per camper)

*All camp fee payments must be postmarked no later than June 15, 2011.*

**Camper Name** \_\_\_\_\_ **Parent's e-mail** \_\_\_\_\_

**Address** \_\_\_\_\_ **Home Phone** ( ) \_\_\_\_\_

Street  
 \_\_\_\_\_ **Camper's E-mail** \_\_\_\_\_  
 City State Zip

**Birth date (MM/DD/YY)** \_\_\_\_\_ **Age** \_\_\_\_\_ **Sex** \_\_\_\_\_ **Grade COMPLETED, June 2011** \_\_\_\_\_

**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** \_\_\_\_\_ **XL** \_\_\_\_\_ **XXLg** \_\_\_\_\_ **XXXLg** \_\_\_\_\_

### EMERGENCY CONTACT INFO:

Parent's Work Phone \_\_\_\_\_

**In the event that parents cannot be reached, please name 2 emergency contacts:**

1.) \_\_\_\_\_  
 NAME RELATIONSHIP TO CAMPER PHONE NUMBER

2.) \_\_\_\_\_  
 NAME RELATIONSHIP TO CAMPER PHONE NUMBER

**Please note:** No application will be processed without complete information for **parents and two emergency contacts** and the **Camp Health Form (enclosed)**.

**\*\*ATTENTION PARENTS: PLEASE COMPLETE REVERSE SIDE OF FORM\*\***

# SCHOLARSHIP AND PAYMENT INFORMATION

## Camp Fees

\$225 for the first member of a family  
 \$205 for the second member of a family  
 \$185 for all additional family members

If you need assistance in paying your camp fee, we ask that you first contact your parish priest to see if your church can provide any assistance in paying your child's camp fee. Many groups in parishes, such as women's groups, men's groups, outreach committees, etc. are often willing to help, if they are asked, and your parish priest will know how to help.

If you need further assistance, each Diocese provides scholarships – see the information and contact below.

**DIOCESE OF SPRINGFIELD (TEC):** For **first-time** campers, scholarships are available (50% of camp fee). Please mark the box below, if this applies to you (this is verified each year). If you need additional scholarships, please contact Sue Spring in the Diocesan Office at 217-525-1876 or [administrator@episcopalspringfield.org](mailto:administrator@episcopalspringfield.org).

**DIOCESE OF QUINCY (ACNA):** Scholarships are available for any camper in need. Please contact Jason Bowden at [deaconjason@mchsi.com](mailto:deaconjason@mchsi.com) or 309-236-2398. He will forward you the camp scholarship application.

<b>CAMPER FEE</b>	<b>\$225</b>
<b>EARLY BIRD SAVINGS</b> <i>(if application is postmarked by May 1, deduct \$10)</i>	
<b>MULTI-CAMPER DISCOUNT</b> <i>(If this is your first camper, no discount applies. For the 2<sup>nd</sup> camper, deduct \$20. For the 3<sup>rd</sup> or more camper, deduct \$40 each.)</i>	
<b>SCHOLARSHIPS RECEIVED:</b> <input type="checkbox"/> FIRST TIME DIOCESE OF SPRINGFIELD <input type="checkbox"/> OTHER (Please indicate in box. Must be approved prior to submission of application.)	
<b>TOTAL FEE DUE</b> <i>(Camper fee, minus any discounts or scholarships)</i>	

**After your application is processed, you should receive a postcard to confirm your registration within two to three weeks. Please be patient. The postcard will give you the information to download your materials.**

### 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 has been exposed to communicable disease, severe sunburn, or has suffered injury during the three weeks prior to camp attendance.*

#### Health and Accident Coverage

Camper/Participant \_\_\_\_\_ Birth date \_\_\_\_\_ Age \_\_\_\_\_ Sex: M F

Parent or Guardian (or spouse) \_\_\_\_\_ Home Phone \_\_\_\_\_

Home address \_\_\_\_\_ Relationship \_\_\_\_\_ Area code and number \_\_\_\_\_

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 \_\_\_\_\_

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

Family Physician \_\_\_\_\_ Physician Address and Phone \_\_\_\_\_

**Important! NO camper under 18 years of age will be accepted at camp unless the following section is fully completed.**  
Please complete the health history below 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 _____	Lethargic _____
Asthma _____	Chicken Pox _____	Heart _____
Convulsions _____	German measles _____	Hyperactive _____
Diabetes _____	Measles _____	Respiratory _____
Ear Infections _____	Mumps _____	

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 _____
H1NI Vaccine _____	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 \_\_\_\_\_

**AUTHORIZATION AND RELEASE**

**Please carefully read this section, check each box, and sign below for your camper.**

**Authorization for Medical Treatment**

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

**Authorization to Use Photo and Video**

I hereby grant Episcopal Church Camp of Illinois permission to photograph or record my child participating in camp activities. I grant permission to the Diocese of Springfield, the Diocese of Quincy, and Episcopal Church Camp of Illinois to copyright, re-use, publish, and republish the same in whole or in part, individually or in conjunction with other photographs or recorded material, in any and all media now or hereafter known, and for any other purpose whatsoever including but not limited to promotion, editorial, advertising, illustration, or trade.

I hereby release, discharge, and agree to save harmless the Diocese of Springfield, the Diocese of Quincy, and Episcopal Church Camp of Illinois, its legal representatives or assigns and all persons acting under its permission or authority from any liability in connection with the use of the photographs and recorded video as aforesaid.

Signature of Parent or Guardian \_\_\_\_\_

Printed Name of Minor \_\_\_\_\_ Date \_\_\_\_\_