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"

PARENT/GUARDIAN NAME:	TELEPHONE NUMBER:	CAMP AGENCY NAME:
Parent/Guardian ADDRESS CITY STATE	ZIP CODE COUNTY	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)

A Potential camper must reside in Illinois and indicate they qualify for **any ONE of the following**: Temporary Assistance for Needy Families (TANF) **or** Supplemental Nutrition Assistance Program (SNAP) (previously known as Food Stamps) **or** Medical Services. **Identification Numbers** (Case or Individual Client ID#) **are NO LONGER NEEDED.**

NAME of CAMP: _____ **CAMP SESSION** from: _____ to: _____

Camper: **LAST NAME:** _____ **FIRST NAME:** _____ **MI:** _____

Gender: Please write the gender of the camper: _____

Race/Ethnicity: Caucasian ☐ - African American ☐ - Hispanic ☐ - Asian ☐ - American Indian ☐ - Other ☐

Camper's Primary Spoken Language: English ☐ - Spanish ☐ - Other ☐ _____

Age as of JUNE (this year): _____

Birthdate: _____ **Grade as of SEPTEMBER** (this year): _____

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

I have asked and received a qualifying answer from parent/guardian concerning the camper eligibility of the camper(s).

_____ Registrar's Signature

_____ Date

_____ Location

American Camp Association, Illinois (ACA IL) 2016