

Chicago Alive Youth Camp 2020

Ready. Set. Camp. Ages 13-18 • Nov. 21, 2020

Dickson Valley Camp • Newark, IL

WHERE?

Dickson Valley Camp
8250 Finnie Rd., Newark, IL
608.553.6223 or Dave Lorenz: 630.725.8400
or info@caycamp.org

WHAT ARE THE CAMP ACTIVITIES?

- Basketball
- Military challenge course
- Bibles studies
- Singing
- Campfires
- Soccer
- Climbing Wall
- Team Building Activities
- Lazer Tag
- ... And much more!
- Meals

Departs:

Saturday, Nov. 21, 2020 at 8:00 A.M.
Christ Church
5001 N. Troy
Chicago, IL 60625

Returns:

Saturday, Nov. 21, 2020 at 10:00 P.M.
5001 N. Kedzie
Chicago, IL 60625

REALLY IMPORTANT:

Return your camp registration
form by November 18

REGISTRATION COST?

\$15 with Link (SNAP) Card

Make checks payable to: **Chicago Alive Youth Camp**. Return the registration form with your check or money order by **November 15, 2020**. Give your check to your church representative or mail it to P.O. Box 237, Blommingdale, IL 60108, or email it to info@caycamp.org.

Any questions contact Dave Lorenz at 630.725.8400 or info@caycamp.org

Ready to Go? Packing Checklist

NO ELECTRONIC

DEVICES (no iPads, cell phone or gaming devices). All electronic devices found will be confiscated for the duration of the camp.

What you can bring:

- Bible (if you have one)
- Jacket
- Journal (if you have one)
- Warm coat, hat and gloves

**PLEASE
NOTE:**
for security
purposes there
will be a
bag checking

I Counselor to 8 Campers

Trained staff includes: Counselors, Kitchen Crew, Medical Personnel and Certified Lifeguards

www.caycamp.org

Registration & Health Form

Age 13-18

Please return form no later than November 15

*** This form must be completed by a parent or guardian. *Incomplete forms will be returned.* Please print clearly. ***

*Fields with asterisk are required

*Child's Name	*Date of Birth	*Gender	M	F
*Parent/Guardian Name	(mm/dd/yyyy)			
Address <small>Street</small>	<small>Apt #</small>	<small>City</small>	<small>State</small>	<small>Zip Code</small>
Phone	Parent's email			

Emergency Information

People to contact in an emergency:

Name	Relationship	Phone
Name	Relationship	Phone

Adults to whom your child may be released (if different from/in addition to) above:

Name	Relationship	Phone
Name	Relationship	Phone

Health History

Any operations or serious injuries (include dates):	
Any chronic or recurring illness:	
Immunization Status: Up to date?	Yes No
Date of last tetanus shot: (mm/dd/yyyy)	
Any special health and/or behavioral considerations: (mm/dd/yyyy)	
Special medications* & instructions for dosage. (<i>*Medicines must be in the original container with the original written instructions</i>)	
Allergies to medicine, food, or environmental conditions (if allergies, type of reaction), activities to be encouraged or restricted, or any other information which will meet this child's needs:	

Parent's Authorization

My child has permission to attend and engage in all prescribed camp activities except any that I have noted in writing. In the event of an emergency, if I can not be reached, I hereby give permission to obtain doctors treatment or hospitalization if required for my child as named above. I give my permission to have my child's possessions searched, when necessary, by at least two (2) adult camp staff members, with one (1) of the two (2) being the camp director and I understand that the camp has a zero tolerance policy for guns, weapons, and illegal drugs. Any offender of the policy will be handed over to the local police authorities. I understand that I have a duty to provide primary accident and medical insurance for my child and my child is covered by primary accident and medical insurance.

*Parent/Guardian Signature *Date (mm/dd/yyyy)

I hereby authorize the Chicago Alive Youth camp to publish photographs taken of me and/or the above referenced minor children, and our names, for use in the Chicago Alive printed publications, website and other camp promotions.

*Parent/Guardian Signature *Date (mm/dd/yyyy)

Beyond insurance, I and the members of my family, agree to not hold a driver, church, pastor, camp personnel, or Beckon responsible in the event of an accident or injury of my child while participating in a camp activity.

*Parent/Guardian Signature *Date

ADMIN USE ONLY	Pd	Grp	1	2	3
	Csh	Gen	M	F	
	Ck#	Cbn			