



# Chicago Alive Youth Camp

Ready. Set. Camp. Ages 9-13

## Dickson Valley Camp • Newark, IL

### WHERE?

Dickson Valley Camp  
8250 Finnie Rd., Newark, IL  
Call Dave Lorenz: 630-725-8400  
or [info@caycamp.org](mailto:info@caycamp.org)

### WHAT ARE THE CAMP ACTIVITIES?

- Bible Studies
- Singing
- Climbing Wall
- Soccer
- Swimming
- Team Building Activities
- Meals
- ... and much more!
- Challenge Course

### Departs:

**Tuesday, June 27 at 8:00 am**

Redemption Church  
5001 N Troy  
Chicago, IL 60625

### Returns:

**Friday, June 30 at 8:30 pm**

Christ Church  
5001 N Troy  
Chicago, IL 60625

### **REALLY IMPORTANT:**

**All registration forms need to  
be completed by June 9th**

### REGISTRATION COST?

*\$25 per camper if the family is on State Aid.  
Otherwise, \$75 per camper.*

Complete registration forms and bring them to your home church or email to [info@caycamp.org](mailto:info@caycamp.org) by June 9th. Bring payment to Christ church on June 27th by 8 am with a check made out to Chicago Alive Youth Camp.

### 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) | - Journal (if you have one) |
| - Blanket                 | - Shampoo                   |
| - Bug Repellent           | - Sleeping Bag (or bedding) |
| - Clothing (for 4 days)   | - Soap                      |
| - Jacket                  | - Sunscreen                 |
| - Money (for snacks)      | - Swimsuit                  |
| - Pillow                  | - Toothbrush                |
|                           | - Toothpaste                |
|                           | - 2 Towels                  |

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

1 Counselor to 5 Campers

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

[www.caycamp.org](http://www.caycamp.org)



# Registration & Health Form

> 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 (mm/dd/yyyy)	*Gender	M	F
*Parent/Guardian Name				
Address <small>Street</small>	Apt #	City	State	Zip Code
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:**

**Special medications\*** & instructions for dosage. (*\*Medicines must be in the original container with the original written instructions*)

**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      (mm/dd/yyyy)

<b>ADMIN USE ONLY</b>	Pd	Grp	1	2	3
	Csh	Gen	M	F	
	Clk#	Cbn			