

CAMPER REGISTRATION FORM SUMMER 2024

Illinois Department of Human Services through American Camp Association, Illinois
"Funding provided in part by the Illinois Department of Human Services"

Camp Agency Name: _____ Teen Reach Agency: _____

Name of Camp: _____ Session Dates: _____

Camper Information (to be completed by guardian)

*Camp Participants who receive funding from the ILLINOIS DEPARTMENT OF HUMAN SERVICES DFI TITLE XX CAMPING SERVICES through the American Camp Association, Illinois must be residents of the state of Illinois.

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 are receiving **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 NOT NEEDED**.

First Name: _____ MI: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____ County: _____

Birthdate (mm/dd/yyyy): _____ Age as of JUNE 1, 2024: _____ Grade in September: _____

Camper's Race/Ethnicity:

- American Indian or Alaskan Native
- Asian
- Black or African American
- Hispanic or Latino(a)
- Native Hawaiian or Pacific Islander
- White
- Other: _____

Camper's Primary Spoken Language:

- English
- Spanish
- Other: _____

Camper's Gender: _____

Parent/Guardian Name: _____ Phone: _____

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/Parent

Date

Camp Representative Confirmation and Certification (to be completed by camp)

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

Signature of Camp Representative

Date