



Chicago Alive Youth Camp

Ready. Set. Camp. Ages 9-17

Expeditions Unlimited • Baraboo, WI

WHERE?

Expeditions Unlimited
EI 1844 County Road DL, Baraboo WI 53913
Call Dave Lorenz: 630.725.8400
or info@caycamp.org

WHAT ARE THE CAMP ACTIVITIES?

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

Departs:

Wednesday, Aug 6 at 8:00 am

Family Empowerment – Albany Park
5001 N Troy
Chicago, IL 60625

Returns:

Saturday, Aug 9 at 10:00 pm

Family Empowerment – Albany Park
5001 N Troy
Chicago, IL 60625

REALLY IMPORTANT:

**All registration forms need to
be completed by July 21st**

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 by July 21st. Bring payment
to Redemption Church on August 6th 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



Registration & Health Form – Chicago Alive is a ministry of Family Empowerment

> 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 Street		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 cannot 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)

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