

# Camp Summit

3321 57th Avenue – New Windsor, Illinois 61465

Administrative Office: 309.762.4577 Camp: 309.464.5656

Email: [camp@cfyouthhope.org](mailto:camp@cfyouthhope.org) Website: [www.cfyouthhope.org](http://www.cfyouthhope.org)

## Camper Information:

Name: \_\_\_\_\_ Gender: M  F

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Birth (mo/date/year): \_\_\_\_\_ Age (as of 6/1/11): \_\_\_\_\_

Grade in September: \_\_\_\_\_ School Name: \_\_\_\_\_

First Time Camper

Returning Camper

### Camp Sessions 2011

- |  |  |
|--|--|
| <input type="checkbox"/> <b>Session 1, Moline Junior High</b><br>June 5th – 10th, 6 days           | <input type="checkbox"/> <b>Session 5, Moline 5th &amp; 6th</b><br>July 3rd – 8th, 6 days        |
| <input type="checkbox"/> <b>Session 2, Rock Island Junior High</b><br>June 12th – 17th, 6 days     | <input type="checkbox"/> <b>Session 6, Rock Island 5th &amp; 6th</b><br>July 10th – 15th, 6 days |
| <input type="checkbox"/> <b>Session 3, Moline High School</b><br>June 19th – 24th, 6 days          | <input type="checkbox"/> <b>Session 7, Moline 3rd &amp; 4th</b><br>July 18th – 22nd, 5 days      |
| <input type="checkbox"/> <b>Session 4, Rock Island High School</b><br>June 26th – July 1st, 6 days | <input type="checkbox"/> <b>Session 8, Rock Island 3rd &amp; 4th</b><br>July 25th – 29th, 5 days |

### Scholarship Information

#### DFI Title XX Camping Services:

If you receive public aid from the State of Illinois, and/or your child has a medical card from the State of Illinois, you may be eligible for a full scholarship to attend Camp Summit. Please be aware that your child is only eligible to receive Title XX funding for attendance at one camp each summer.

Yes, the applicant is the recipient of public aid or has a state medical card.

#### Case ID Number:

\_\_\_ / \_\_\_ / \_\_\_ /  
\_\_\_\_\_

## Parent/Guardian Information:

Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## Alternate/Emergency Contact Information:

Name: \_\_\_\_\_


Relation to Camper: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

**Emergency Consent:** I hereby give consent for my child to receive emergency medical treatment from a physician or emergency facility, in case I cannot be reached immediately in an emergency. I hereby give my child permission to participate in the ropes course, boating, swimming, and other camp activities.

**Photo Release:** I give my permission for Christian Friendliness Association to use photos taken of me/my child or my family at any Christian Friendliness Association event to be used in their written publications or on their website. I release my right to any kind of remuneration from said photos.

**Signature of Parent or Guardian:** \_\_\_\_\_

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## Participant's Information:

Name: \_\_\_\_\_

### **INFORMED CONSENT AND LIABILITY RELEASE FORM**

**THIS IS A RELEASE OF LIABILITY. PLEASE READ BEFORE SIGNING. DO NOT SIGN OR INITIAL THE RELEASE IF YOU DO NOT UNDERSTAND OR DO NOT AGREE WITH ITS TERMS**

1. I have asked to participate in activities at Christian Friendliness Association - Camp Summit. I understand that the outdoor activities may include climbing walls, high or low ropes course, hiking, sledding, swimming, field games, or other related activities. I understand that these activities may involve risk or exposure to inclement weather, which can result in personal injury, death, and property damage. I understand that accidents or illness can occur in remote places without medical facilities. I understand that all these activities can be strenuous activities, which should not be participated in by persons with heart or cardiovascular ailments or other serious illnesses. I represent that myself, my family, and I are in good health and physically and mentally capable of participation in these activities. I understand that any route or activity chosen, as part of our outdoor adventure may not be the safest but has been chosen for its interest.

2. I understand that outdoor climbing walls, high or low ropes courses, swimming, hiking, sledding, field games, and related activities involve risk of falls or other injury; encounters with manmade and natural obstacles or conditions; and equipment or guide failure that can result in personal injury, death and property damage.

3. I understand that participation in climbing wall and ropes course activities includes the use of ropes or other climbing equipment. I understand that the use of their equipment carries with it the risk of equipment failure and of necessity requires a participant to rely on the cooperation, skill, and ability of other participants or an instructor, which can result in personal injury, including death and property damage.

4. I understand that participation in any water activities is to be used at my own risk. I understand that even under supervision a minor or adult may suffer from injury or death.

5. I understand that swimming in the lake on Camp Summit property is strictly forbidden and I agree not to willfully violate this policy. I understand that Christian Friendliness Association is not responsible for accidents, injury, or death that may result from willful violation of the no swimming policy.

6. I expressly assume the risk of injury, death, and property damage set forth in paragraphs 1-4 above, which may result from my participation and my minor child's participation in the above activities, on my behalf and on behalf of my minor child or wards and waive any claims based on negligence or breach of warranty. I might assert on my own behalf, on behalf of my minor child or wards against Camp Summit, Christian Friendliness Association, or its board, agents, guests, employees, Illinois Department of Human Services (IDHS), and American Camp Association for personal injuries, death and/or property damage sustained while participating in the aforementioned activities with Christian Friendliness Association - Camp Summit and consent to Christian Friendliness Association obtaining emergency or needed medical services if, within their discretion, the circumstances warrant.

7. I further agree on my own behalf and on behalf of my minor child and wards to hold Camp Summit, Christian Friendliness Association, its board, agents, guests, employees, Illinois Department of Human Services (IDHS), and American Camp Association harmless and to indemnify them for personal injuries to myself, my minor child, others, or for property damage which results from my own participation or my minor child's participation in any of the above activities.

8. I understand that the signature of the parent or guardian of a minor child on this agreement shall make all provisions of this release and agreement applicable to and binding on the minor child and if so signing, I represent I have the legal authority to sign on behalf of said child as his or her parent or legal guardian and hold Christian Friendliness Association, Camp Summit, their owners, boards, agents, employees, Illinois Department of Human Services (IDHS), and American Camp Association, harmless from any loss if said representations is not true.

9. This agreement shall be legally binding upon heirs, my assigns, legal guardians, personal representatives, and me. I have carefully read this agreement and understand its contents. I am aware that I am releasing certain legal rights that I otherwise may have, and I enter into this agreement on behalf of myself, and/or my minor child of my own free will.

10. I understand that the information will be disclosed only for purposes of administration of services, and that Christian Friendliness Association or the Illinois Department of Human Services (IDHS) may verify the information I have provided. I understand that I have the right to appeal any adverse action to have a fair hearing of grievance.

11. My attached signature represents the fact that I, \_\_\_\_\_, hereby agree to provide personal liability and medical insurance as primary coverage for any accident, injury, or encumbrance related to my participation with YouthHope activities.

X \_\_\_\_\_ Date: \_\_\_\_\_

**Signature of Parent, Guardian, or Participant (if over 18)**

Revised 1/28/11