



2019 SUMMER REGISTRATION

REGISTER: CAMPILLIANA.ORG/SUMMER

Check sessions you plan to attend:

MAIN CAMP:	Dates	Grade Entering	Cost
<input type="checkbox"/> Charlie Brown 1	June 15	K-1	\$29
<input type="checkbox"/> Charlie Brown 2	July 13	K-1	\$29
<input type="checkbox"/> Overnighter 1	June 7-8	2-3	\$59
<input type="checkbox"/> Overnighter 2	July 19-20	2-3	\$59
<input type="checkbox"/> Junior 1	June 2-6	4-6	\$229
<input type="checkbox"/> Junior 2	June 21-25	4-6	\$229
<input type="checkbox"/> Junior 3	July 7-11	4-6	\$229
<input type="checkbox"/> Junior 4	July 28-Aug.1	4-6	\$229
<input type="checkbox"/> Middle School 1	June 9-14	6-8	\$269
<input type="checkbox"/> Middle School 2	FULL June 16-21	6-8	\$269
<input type="checkbox"/> Middle School 3	FULL July 14-18	6-8	\$269
<input type="checkbox"/> Middle School 4	July 21-26	6-8	\$269
<input type="checkbox"/> High School 1	May 28-June 1	9-13	\$269
<input type="checkbox"/> High School 2	FULL June 26-30	9-13	\$269
WILDERNESS TREKS:			
<input type="checkbox"/> Smoky Adventure	June 2-7	8-10	\$269
<input type="checkbox"/> Basecamp	June 23-28	7-9	\$269
<input type="checkbox"/> Ozark Trek	June 16-21	9-13	\$269

Register Online



COMPLETE THIS FORM and mail along with your camp fee to
CAMP ILLIANA
723 E. 450 S., WASHINGTON, IN 47501
OR REGISTER ONLINE: CAMPILLIANA.ORG/SUMMER

Contact us: (812) 254-3322 or info@campilliana.org

Agreement:
This agreement may affect your legal rights, please read carefully. If any portion of this Agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect. I, the Participant or the Parent/Legal Guardian of participant, being above the age of 18, agree as follows: I give permission for my child to participate in this Camp Event. I acknowledge and understand that certain camping activities, including but not limited to: skating, skateboarding, paintball, ropes courses, archery, marksmanship, water sports, horses, zip line, rappelling, rock wall, swimming are hazardous and dangerous activities that require strenuous exercise and varying degrees of skill and experience. I understand that these activities can result in serious injury to the person and damage to property and I voluntarily assume any and all risks of loss, damage or injury while on the premises. I acknowledge that there are risks, hazards and dangers of personal injury, death and disability inherent in entering camp grounds and participating in, or viewing camp activities. I am aware that the usual risks, hazards and dangers of personal injury, death and disability increase when using certain camping equipment and when other persons, whether of the same or different level or experience or skill, are using the same facilities and equipment. In consideration for my participation, or for the participation of my child or the minor for whom I represent that I am legal guardian, I hereby release and forever discharge Camp Illiana and their servants, employees, officers, directors, trustees and all other persons or entities acting on their behalf (collectively referred to as "Camp Illiana"), from any and all claims, actions, damages, liabilities, costs or expenses and attorney fees which are related to, arise out of, or are in any way connected to my child's, or the minor for whom I represent that I am legal guardian's viewing or participation in any camping activities. It is my intention to waive any rights to sue or seek damages from Camp Illiana, except where injury, death or disability results from Camp Illiana gross negligence. I further agree to indemnify, hold harmless and defend Camp Illiana against any and all claims for damages, costs, expenses or attorney's fees brought by any third party in connection with or arising out of my, or the listed participant's involvement or participation. This Agreement shall be effective and binding upon my marital community, estate, heirs, agents, personal representatives and assigns. I, having the authority to consent for the minor's health care (being over age 18, a parent or legal guardian), do hereby delegate my authority to Consent to said minor's care to Camp Illiana. I grant permission for the caregiver to request and authorize in writing or as otherwise requested by any hospital, or by any physician licensed to practice medicine, any and all examinations, medical treatments, and/or procedures to or for the benefit of the minor, either on or off the premises of the hospital, as may be deemed advisable or appropriate by any physician licensed to practice medicine. I understand however that every effort will be made to contact me in case of such emergency and if possible, before any such medical treatment is administered. My camper's medical information may be shared with appropriate personnel including but not limited to camp staff, programs directors, camp nurses, EMS personnel, or other medical personnel as deemed medically necessary. I accept responsibility of medical coverage while at Camp Illiana. I hereby certify that I am over 18 years of age; I have carefully read the foregoing and acknowledge that I understand and agree to all the terms and conditions. I have had the opportunity to ask any and all questions regarding this Agreement and the effect of the same. I assume all risks and waive and release certain substantial rights that I have or possess. **Cancellation / Refund Policy:** Camp Illiana Cancellation Policy has been created due to increased demand and to insure fairness to all who wish to attend. Registrations cancelling within 30 days of session start date will forfeit 50% of tuition or be offered a transfer to another session. Registrations cancelling within 14 days of their session start date will forfeit entire tuition or be offered a transfer to another session. Campers cancelling due to illness, with doctor's note, will receive their entire camp fee. Camp Illiana Directors reserve the right to dismiss any person whose influence and conduct becomes detrimental to the best interests of the program and/or event. No refunds will be made for dismissed persons or withdrawals. The only exception is for a withdrawal based on illness or family emergency. If such exception occurs the Camp Illiana Executive Director may issue a partial refund or transfer to another session.

Parent/Legal Guardian Signature: _____ Date: _____ (Required)

Photo/Video Release:
I, the Participant or the Parent/Legal Guardian of participant, being above the age of 18, agree as follows: I hereby grant Camp Illiana irrevocable right and permission to use photographs and/or video recordings of the participant on campilliana.org and other websites and in publications, promotional flyers, educational materials, social media accounts, or for any other similar purpose without compensation. I understand and agree that such photographs and/or video recordings of the participant may be placed on the Internet. I also understand and agree that I may be identified by name and/or title in printed, Internet or broadcast information that might accompany the photographs and/or video recordings of me. I waive the right to approve the final product. I agree that all such portraits, pictures, photographs, video and audio recordings, and any reproductions thereof, and all plates, negatives, recording tape and digital files are and shall remain the property of Camp Illiana.

Parent/Legal Guardian Signature: _____ Date: _____

ILLIANA SUMMER CAMP REGISTRATION 2019

CAMPER

Name _____ Male Female

Address _____

City _____ State _____ Zip _____

Birthday / / Age: _____ Grade This Fall: _____

Have you been immersed? Yes

Is this your first time at Illiana? Yes

Any allergies, including medicines? Yes

List and define the severity of each allergy: _____

List any non-prescription medications you do NOT wish your child to have: _____

List all medications the camper is taking and why: _____

List any restrictions that would hinder your child from participation in camp activities: _____

List any emotional stress your child has recently experienced: _____

Health Insurance Company: _____

Policy Number: _____

(ALL REQUIRED)

PARENT CAMPER LIVES WITH:

Name: _____ Male Female

Cell Phone: () _____

Home Phone: () _____ DOB: / / _____

Email Address: _____

(ALL REQUIRED)

Church registering with: _____

Church will pay \$ _____ of camp cost

Minister's Signature: _____

**ONLY \$19 DEPOSIT HOLDS YOUR SPOT!
CONVENIENT PAYMENT PLANS AVAILABLE ONLINE**

I am paying the registration fee with:

CASH CHECK (#) AMOUNT \$

CREDIT CARD

CARD #: _____

EXPIRES: _____ CVV: _____

ELECTRONIC CHECK OPTION AVAILABLE ONLINE

CARD HOLDER SIGNATURE: _____