



Anglican Church Camp of the Midwest

A ministry of The Diocese of Quincy

Welcome campers and parents,

We are excited to have you join us at the third annual Anglican Church Camp of the Midwest. We pray that camp will be fun but also a time for each camper to grow closer to Christ in a real and meaningful way.

Below please note some important information regarding this year's camp.

Dates: Sunday, June 23, 2019 to Saturday, June 29, 2019

Location: Camp Little Cloud, 21700 Girl Scout Road, Epworth, Iowa 52045

Cost: \$200/camper

Early Bird Savings: \$10 per camper if full payment submitted by May 7, 2019

Application Deadline: Monday, June 3, 2019

Scholarships: A limited number of scholarships may be available.

Deposit: A \$50 registration deposit for each camper is due with your registration. *Any remaining balance is due (postmarked) by June 5, 2019.*

Grade Levels: Students who have finished 1st through 12th grades will be accepted as campers.

***** NO APPLICATIONS WILL BE ACCEPTED AFTER JUNE 3, 2019 – NO EXCEPTIONS! *****

Complete the application **and** the health form and send to:

Anglican Church Camp of the Midwest

c/o Becky Karlowicz

3210 W. Forsythe

Peoria, IL 61614

309-648-2421

e-mail: rebeccagamage@gmail.com

Please contact Becky with questions about fees and registration.

A fillable registration form may also be downloaded from the camp Facebook page and camp website and emailed to Becky. Payments may be made separately.

For other camp information or questions, please contact:

Fr. Jason Bowden, Camp Director

(309) 751-7797 e-mail: fr.jasonb@gmail.com

or

Fr. Shawn Doubet, Camp Chaplain

(815) 878-3365 email: frshawn1@gmail.com

APPLICATION
Anglican Church Camp of the Midwest
Sunday, June 23 to Saturday, June 29, 2019

To ensure a confirmed registration for 2019 Anglican Church Camp of the Midwest,
please send this completed application with a **\$50 registration deposit** made payable to:
The Diocese of Quincy – Church Camp to:

Anglican Church Camp of the Midwest
c/o Becky Karlowicz
3210 W. Forsythe
Peoria, IL 61614
e-mail: rebeccagamage@gmail.com

Cost: \$200/camper

Early Bird Savings: \$10 per camper if full payment submitted by Wednesday, May 7, 2019

Application Deadline: Monday, June 3, 2019

Deposit: A \$50 registration deposit for each camper is due with your registration. *Any remaining balance is due (postmarked) by June 15, 2019.*

Camper Name _____ **Parent's e-mail** _____

Address _____ **Home Phone** _____

_____ **Camper's E-mail** _____
City _____ State _____ Zip _____

Birth date (MM/DD/YY) _____ **Age** _____ **Sex** _____ **Grade** *COMPLETED, June 2019* _____

Home Church _____ **Camper is confirmed and receives communion?** _____

Do you need a scholarship? Yes No If Yes, how much can you afford _____

Please list any siblings that the camper will have at camp (First and Last Name).

Does your child have any food allergies or dietary restrictions? Any other special needs that we should be aware of?

T-shirt Size (YOUTH SIZES) Small _____ Medium _____ Large _____ XL _____ XXL _____ XXXL _____

T-shirt Size (ADULT SIZES) Small _____ Medium _____ Large _____ XL _____ XXL _____ XXXL _____

EMERGENCY CONTACT INFO:

Parent's Work Phone _____

In the event that parents cannot be reached, please name 2 emergency contacts:

1.) _____
NAME RELATIONSHIP TO CAMPER PHONE NUMBER

2.) _____
NAME RELATIONSHIP TO CAMPER PHONE NUMBER

Please note: No applications will be processed without complete information for **parents and two emergency contacts** and the **Camp Health Form (enclosed)**.

After your application is processed, you should receive a postcard to confirm your registration within two to three weeks. Please be patient. The postcard will give you the information to download your materials.

Camp Health Form

INCOMPLETE FORMS WILL NOT BE ACCEPTED. PLEASE FILL IN ALL INFORMATION.

Please be sure to notify the Lead Counselor if this camper is exposed to communicable disease, severe sunburn, or has suffered injury during the three weeks prior to camp attendance.

Health and Accident Coverage

Camper/Participant _____ Birth date _____ Age _____ Sex: _____

Parent or Guardian (or spouse) _____ Home Phone _____
Relationship _____ Area code and number _____

Home address _____

Parent/Guardian Work; or if not available, give other person to contact _____ Phone _____

If not available in an emergency notify:

Name Relationship Phone

Street and Number City State Zip

Insurance Company Policy No. Type () group () individual

Name of Policy Holder Policyholder's Employer and Employer's Address

Parent/Guardian Social Security Number _____ (Requested by hospital)

Family Physician _____ Physician Address and Phone _____

Important! NO camper under 18 years of age will be accepted at camp unless the following section is fully completed.
Please complete the health history below as accurately as possible. A health examination by a physician is only necessary if a camper has been exposed to contagious disease or is recovering from severe injury or illness. This information will enable a health care facility to treat you/your child with minimum delays in case of an emergency.
PLEASE ATTACH A SEPARATE SHEET IF ANY AREA NEEDS MORE INFORMATION.

HEALTH HISTORY: (Check- giving approximate date)

Diseases:

Anorexia/bulimia	<input type="checkbox"/>	Rheumatic Fever	<input type="checkbox"/>	Lethargic	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	Chicken Pox	<input type="checkbox"/>	Heart	<input type="checkbox"/>
Convulsions	<input type="checkbox"/>	German measles	<input type="checkbox"/>	Hyperactive	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	Measles	<input type="checkbox"/>	Respiratory	<input type="checkbox"/>
Ear Infections	<input type="checkbox"/>	Mumps	<input type="checkbox"/>		

Allergies (list, if any): _____

Operations or serious injuries (dates): _____

Chronic or recurring illnesses and/or concerns of a physical or emotional nature (please be specific).

All immunizations are up to date Yes No

GENERAL PHYSICAL CONDITION

Height _____ Weight _____

Eyes- () Normal () Glasses () Contacts Ears- () Normal () Hearing device () Hard of Hearing

Hernia _____ Extremities _____

Posture (spine) _____

Skin _____

General Appraisal _____

FOR GIRLS AND WOMEN

Has this person menstruated? _____ If not, has she been told about it? _____

If so, is her menstrual history normal? _____ Special Considerations _____

Special Diet _____

Medications the Child Currently Uses (INCLUDE ANY AND ALL MEDICINES THE CHILD WILL BRING TO CAMP):

Is parent sending it? () Yes () No

Prescriptions must be in pharmacy container with proper dosage and child's name (pharmacy label)

Is swimming permitted? _____

is strenuous activity permitted? _____

Are you now (or within the previous two years) receiving professional counseling for emotional concerns? () Yes () No

If yes, briefly specify _____

Other _____

AUTHORIZATION AND RELEASE

Please carefully read this section, check each box, and sign below for your camper.

Authorization for Medical Treatment

The undersigned parent/guardian authorizes Anglican Church Camp of the Midwest (ACCM) to secure medical treatment for _____ (name of person) in case of any illness or accident for which ACCM or first aid personnel feels professional medical attention is required. I hereby give permission to the physician selected by the ACCM or first aid personnel to hospitalize, to secure proper treatment for, or to order injection, anesthesia or surgery for me/my child as named.

Authorization to Use Photo and Video

I hereby grant Anglican Church Camp of the Midwest (ACCM) permission to photograph or record my child participating in camp activities. I grant permission to The Diocese of Quincy and Anglican Church Camp of the Midwest (ACCM) to copyright, re-use, publish, and republish the same in whole or in part, individually or in conjunction with other photographs or recorded material, in any and all media now or hereafter known, and for any other purpose whatsoever including but not limited to promotion, editorial, advertising, illustration, or trade.

I hereby release, discharge, and agree to save harmless The Diocese of Quincy and Anglican Church Camp of the Midwest (ACCM), its legal representatives or assigns and all persons acting under its permission or authority from any liability in connection with the use of the photographs and recorded video as aforesaid.

Signature of Parent or Guardian _____

Printed Name of Minor _____ Date _____