

CAMP T.E.A.M. Application

Applicant Name: _____

Address: _____ City: _____ ST: ____ Zip: _____

Home Phone: (____) _____ Applicant Cell Phone: (____) _____

Contact 1 Cell Phone: (____) _____ Contact 2 Cell Phone: (____) _____

High School Grad Year: _____ Date of Birth: _____ Age: _____ Male ☐ Female ☐

Home Church: _____ Are you immersed? Yes ☐ No ☐

Do you attend church regularly? Yes ☐ No ☐ Applicant Email Address: _____

Parent Email Address: _____

Recommended by: _____ Date: _____

Signature of Minister or Youth Minister: _____

Rules of SICSC for Camp T.E.A.M.

It should be understood that at a Christian Service Camp, Christian conduct shall govern all activities. Here are a few guidelines noted to avoid any misunderstandings.

1. The use or possession of tobacco, alcoholic beverages, illegal, or controlled substances including drug paraphernalia and marijuana and vaping paraphernalia are prohibited on the camp premises. This does not prohibit any controlled substance or prescription medication that is taken under the care and supervision of a physician.
2. Bring clothes to play in and swim (not two-piece). No halter tops, bare midriffs, or short shorts allowed (3" inseam minimum or fingertip rule). Tops must have wide straps at minimum, and may not be low cut or overly open on the sides (no low cut or spaghetti strap tank tops or low cut armholes). All clothing must cover undergarments for both boys and girls. In the matter of dress, Christian judgement must prevail. All extremes are to be avoided and common sense is to be shown. A Staff or Faculty member to the same gender may request a camper to change clothes in case of inappropriate attire.
3. SICSC T.E.A.M.'s curfew is 11:00 PM, Midnight.
4. Individuals who destroy camp property (buildings, equipment, vehicles, grounds, etc.) will be responsible for the cost of repair or replacement. Please—no writing on walls, tables, bunks, benches, etc.
5. Automobiles are unnecessary during camp. If a camper brings an automobile that will be left at camp, the keys will be turned in at the camp office.
6. NO ELECTRONIC DEVICES FOR COMMUNICATION, MUSIC, GAMES, VIDEOS, ETC. ARE ALLOWED. THIS INCLUDES CELLPHONES.
7. Parents, please be prompt in picking up your applicant. Early departure is not recommended.

I have read and fully understand the guidelines listed above. If the applicant fails to abide by the guidelines stated, disciplinary action will occur and may keep you from being a CAMP T.E.A.M. member.

Applicant Signature _____ Date _____

Parent Signature _____ Date _____

CAMP T.E.A.M. Medical Form

Applicant Name _____
Eye Color _____ Hair Color _____ Height _____ Weight _____ Race _____
Distinguishing Marks _____
Allergies _____
Special Health/Behavioral Considerations _____
Physical Limitations _____
Current Prescriptions/Non-Prescriptions Drugs or Medications _____
Family Doctor's Name _____ Phone # (____) _____
Health Insurance Company and Policy # _____
Health Insurance Address _____
Alternate Emergency Contact _____ Phone # (____) _____

Required-an attached copy of insurance card

Has the Camp T.E.A.M. had:

- ☐ Diabetes ☐ Mumps ☐ Ear infections ☐ Epilepsy ☐ Chicken pox ☐ Tonsillitis ☐ Asthma
☐ Measles ☐ Serious illness ☐ Serious injury ☐ Heart Disease ☐ ADD/ADHD
☐ Other _____ Year of Last Tetanus Booster _____ Please attach additional comments.

I authorize Southern Illinois Christian Service Camp to take and use any photograph or video of the individual named above as may be needed for its records and public relations programs. I understand that Southern Illinois Christian Service Camp and its staff shall not be held responsible for any articles lost, stolen, or left at camp.

I, the parent / legal guardian of the Camp T.E.A.M. named on this form, give my permission for the personnel at Southern Illinois Christian Service Camp to dispense the following over-the-counter medications:

- | | | |
|--|---|---|
| <input type="checkbox"/> Tylenol or Motrin | <input type="checkbox"/> Aloe Vera Moisturizing Lotion | <input type="checkbox"/> Earache relief drops |
| <input type="checkbox"/> Benadryl (oral medication) | <input type="checkbox"/> Antifungal cream | <input type="checkbox"/> First aid ointment |
| <input type="checkbox"/> Benadryl (topical medication) | <input type="checkbox"/> Eye wash or contact solution | <input type="checkbox"/> Hydrocortisone cream |
| <input type="checkbox"/> Triaminic Cold & Allergy | <input type="checkbox"/> Sore throat Lozenge or Cough Lozenge | <input type="checkbox"/> Sting Kill |
| <input type="checkbox"/> Tums | <input type="checkbox"/> Swimmers ear drops | |
| <input type="checkbox"/> Peptobismal | | |

In case of Emergency: I hereby give permission to Southern Illinois Christian Service Camp to hospitalize, secure treatment for and to order surgery for the individual named above. I understand that every effort will be made to contact me in case of an accident, I will not hold Southern Illinois Christian Service Camp, its staff, faculty, or management liable unless guilty of negligence. **I understand Camp Accident Insurance is Secondary!**

I FULLY UNDERSTAND THE GOALS AND EXPECTATIONS OF THE CAMP T.E.A.M. MINISTRY. IF SELECTED, I WILL COMMENT MYSELF TO A SESSION OF SERVICE AND SPIRITUAL GROWTH.

Applicant Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

Signature of Parent or Guardian must be on this form before this form will be processed.

CAMP T.E.A.M.

Please indicate the session you would like to serve by writing your 1st, 2nd, & 3rd choice. We will attempt to fill these positions on a first come/first serve basis. If you would like to serve with a friend, send your applications together.

<u># of Choice</u>	<u>Event</u>	<u>Grade Fall '20</u>	<u>Date</u>	<u>Arrival</u>	<u>Departure</u>	<u>Dean</u>
_____	Middlers I	3rd-4th Grade	June 7-10	Sun, 2p	N/A	T J Gentry
_____	First Chance	2nd Grade	June 10-12	Wed, 2p	Fri, 4p	Stephanie Lewis
_____	Junior High I	7th-8th Grade	June 21-26	Sun, 2p	Fri, 4p	Shane Howell
_____	Intermediate I	5th-6th Grade	June 28-July 2	Sun, 2p	Thurs, 4p	Aaron Filbeck
_____	Middlers II	3rd-4th Grade	July 6-9	Mon, 2p	Thurs, 4p	Curtis Rentfro
_____	Day Camp	K-1st Grade	July 10	Fri, 7a	Fri, 6p	Reidland CC
_____	Intermediate II	5th-6th Grade	July 19-23	Sun, 2.p	Thurs, 4p	Bryce Pitlick
_____	Junior High II	7th-8th Grade	July 26-31	Sun, 2p	Fri, 4p	Darren Periman