

EC Camp Additional participant Registration

Event Timing: July 24th. 9:45am-6:45pm

Event Address: Dickson Valley Camp 8350 Finnie Rd Newark, IL

Contact us at 815-513-2228 camp@eccamp.org

* Required

1. We are so glad to have an opportunity to gather this year. We understand camp can be a distance away and families may not want to travel back and forth, so we are offering a few options for families. *

Mark only one oval.

- Option 1: hanging out, relaxing, enjoying the family lounge area and the campgrounds.
- Option 2: participating in camp with my camper
- Option 3: We will be dropping off our camper and picking them up and will not be staying during the day

2. Camper First and Last Name *

3. Phone Number *

4. List first names of family members attending (and ages for anyone under 18) All members can be listed on one form. Example: Scott, Ruby (11), Zoey (5) *

5. I am excited to attend! I understand The costs involved in staying throughout the day. These prices are per person, and I have am responsible for paying for any meals requested for everyone on this form. *

Mark only one oval.

- Lunch and dinner. \$15
- Lunch only \$8
- Dinner only \$8
- I will be leaving during meals and do not need to be in the meal count.

6. Families are welcome to participate in activities as scheduled. Anyone swimming under the age of 12 is required to have a buddy in the water. Please bring anything you may need to enjoy your day. *

Check all that apply.

- Water bottle, swimsuit, sunscreen, extra clothes, bug spray

7. I expressly understand and agree that my family's participation in any programs outside my home presents known and inherent risks regarding any potential and/or actual infection of Covid-19 and/or any related illness, the result of which may be both serious and minor, including but not limited to, cough/fever, hospitalization/death. I understand that Chicago Central District (Everyone Cares Camp) and Dickson Valley have done their best to follow the most current health and safety guidance and that I am responsible to evaluate the risks that my family may face. by selecting YES below and engaging in camp activities, I have assumed the risks and am responsible for our participation. This acknowledgement will also appear on the health form required at check in. *

Mark only one oval.

- Yes
- No