



Connections Camp

2021 Camper Registration Form

618.997.3030 www.hospice.org 800.233.1708

Please complete this form and return it to Hospice of Southern Illinois.
Space is limited. First-come, first serve.

October 9, 2021

8:30 a.m. - 3:00 p.m.

Boys & Girls Club of Southern Illinois

Marion IL 62959

Tell us about the youth attending camp

Name of camper: _____

Gender: _____

Address: _____

Phone: _____

Race (optional): Caucasian African American Indian Asian Latino Other

Age at time of camp: _____

Please list any food allergies or restrictions:

The youth will receive a t-shirt. Please choose one of the following sizes.

Child Small(8-10)

Child Medium(10-12)

Child Large(14-16)

Adult Small

Adult Medium

Adult Large

Tell us about the special person that died

Name of deceased: _____

Relationship of the deceased to the youth: _____

Approximate date of the death: _____

Did the youth live with the person who died?

Yes No

Please provide any additional pertinent information you would like us to know:

Tell us about the adult attending with the youth

Name of attending adult: _____

Home phone: _____

Address (if different than youth's): _____

Cell phone: _____

Race (optional): Caucasian African American Indian Asian Latino Other

Work phone: _____

Relationship to the youth: _____

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Consent and Release for Camper

The undersigned parent/guardian requests that Hospice of Southern Illinois, Inc. (HSI) permit _____
(insert name of minor)
to attend *Connections Camp 2021* at the location and on the date indicated on this form. I understand that he/she will be in a play group with other children, volunteers, and HSI staff members, and may engage in activities such as, but not limited to, pet therapy animals, which may include dogs, cats, and reptiles, games, sporting activities, crafts, meals, storytelling and painting. I release the Hospice of Southern Illinois, Inc. from all liability for any personal injury sustained by my child as a result of any act or omission by hospice staff, volunteers at the camp, or other children.

Signature of parent/guardian

Printed name of parent/guardian

Relationship to minor

Date

Consent and Release for Adult Attending Camp

I, _____,
(insert name of adult attending camp)
release Hospice of Southern Illinois, Inc. from all liability for any personal injury sustained as a result of any act or omission by Hospice staff, volunteers at the camp, or children in attendance, at *Connections Camp 2021* .

Signature of adult attending camp

Printed name of adult attending camp

Date

Permission to Videotape and Photograph

I, _____,
(print name)
give my permission for Hospice of Southern Illinois, Inc. (HSI) to make a videotape and to take photographs during *Connections Camp 2021* of myself and the child listed below. I understand that the videotape and photographs will be used only in the ways I initial and approve listed below. I understand that HSI will use all reasonable care, and I hereby release HSI from any legal action(s) arising out of the filming or use of this video and/or photographs.

Please initial all items with which you agree:

____ I give permission to HSI to send copies of these photographs or e-mail them to me after the camp.

____ I give permission to HSI to send copies of these photographs along with a thank you letter to the individuals and businesses that have funded this camp.

____ I give permission to HSI to use any part of this videotape or these photographs for educational purposes.

____ I give permission to HSI to use any part of this videotape or these photographs for marketing purposes.

Printed name of parent/guardian

Printed name of minor

Signature of parent/guardian

Date