

**Camp Big Sky
Camper Registration**

Name: _____ Check one:
 Camper _____
Address: _____ Caregiver for _____
City, State, Zip: _____ Family Member of _____
Phone: Home: _____ Cell: _____ Friend of _____
Work: _____
Email Address: _____

Emergency Contact: Name: _____
Phone: Home: _____ Cell: _____ Work: _____

Medical Conditions/Disabilities: _____

Allergies: _____

Treatment: _____

Ambulation: _____

Primary Physician Name: _____
Phone: _____

PLEASE NOTE: If required, you are responsible for providing your own EpiPen (epinephrum) per your doctors recommendation.

Transport vehicle: Make: _____ Model: _____

Color: _____ Lift / Ramp equipped

License Plate: State: _____ Number: _____

I would prefer to arrive (promptly) at _____(time) on _____(date) and depart at _____(time) on _____(date)

Including myself, there will be _____(#) in our party.

While at the camp, my preference for activities are:

Fish from: pier boat

Overnight camping in cabin tent

Boat ride Nature Study Bird watching Stargazing

Hunting (specify type of game) _____

Other (please specify) _____

Cookouts Campfire

Camper signature: _____

Date: _____

Please note: You must read and sign our organization's Waiver and Release Form in order to complete your application.

Please note: If you plan to hunt you must possess all required licenses, stamps, and/or permits to hunt in Fulton County, Illinois during approved seasons. You are not required to possess a valid fishing license due to a special arrangement with the Illinois Department of Natural Resources.

Please Note: Your signature on this form indicates your agreement to abide by all camp guidelines and to follow hosting volunteers' instructions while at the camp.