

2016 Cadet Kickoff Campout

State Regulations

State regulations require that a copy of the church insurance coverage be given to the park office 72 hours before the event. As a result we will need these insurance papers by the council meeting on September 12. We need to do a much better job with this.

The insurance papers can be brought to the council meeting or email them to joelvk@stone-brick.com by September 12.

Remember the rule about vehicles on campsites

Please be aware that the only reason we are allowed to move our equipment trailers onto our campsites is through the good will that Illiana Council has established with the Kankakee State Park Supervisor. We as a council would like to keep this good will. Illiana Council is the **ONLY** group that has this privilege extended to it. **All** other groups that use this camp are required to park trailers and vehicles in the parking lot and **carry** equipment to their campsite.

That being said.

Only the vehicle pulling your equipment trailer is allowed on your campsite. That vehicle is only allowed onsite for as long as it takes to **pull in the trailer and drop it**. Then the vehicle **must** be pulled back into the parking lot.

Event Staffing

We still need several volunteers for the events. We would ask the larger clubs to provide a couple of councilors for morning events and a couple more for afternoon events. This way the same councilors will not have to be tied to one activity all day. Another option would be for a larger club to run an event for the day and rotate their councilors in and out throughout the day.

THE KICKOFF CAMPOUT REGISTRATION
SEPTEMBER 16, 17, & 18 2016
THEME: GET IN THE GAME
DAVIS CHREEK CAMPGROUNDS, KANKAKEE STATE PARK, IL

Church Name: _____ Club Number: _____

Number of Counselors: _____ Number of Fathers: _____

Number of Cadets:	2 nd & 3 rd	_____
(grade breakdown required)	4 th & 5 th	_____
	6 th	_____
Please bring life jacket -----	7 th	_____
Please bring life jacket -----	8 th	_____

All cadets going on the River Cleanup (canoes) MUST have closed toe shoes.
Absolutely no flip flops or open toe shoes!!

Camping fee: \$6.00 per person

Please register Friday night and be prepared to pay your fee.

- **bring Cadet permission slips**
- **Church insurance forms are submitted in advance**

Indicate the nights your club will be attending:

Friday night	Yes: ____	No: ____	Number of people: _____
Saturday night	Yes: ____	No: ____	Number of people: _____
Sunday morning	Yes: ____	No: ____	Number of people: _____

Please provide us with the number and size of your tents: _____

Please provide us with an emergency contact phone: _____

NOTE: - Motor vehicles are allowed at your campsite ONLY during camp set-up and break-down.
- No electric generators are allowed at the campsites.

If you have any questions contacts: Justin Bultema 708/277-4761 after 6pm
Joel VandeKamp 708/514-2376 after 6pm

Mail Form To: Justin Bultema
15633 Austin St.
Lowell, IN 46356

THIS FORM NEEDS TO BE TURNED IN BY SEPTEMBER 12, 2016

PARENT'S (GUARDIAN) CONSENT TO TREATMENT & PERMISSION FORM

I (we) hereby give **Authority and Permission**, for the Camp Staff and /or Doctor in charge, to authorize any *Emergency Medical or Surgical Attention* to any x-ray examination, anesthetics, medical or surgical diagnostic, or medical treatment procedure deemed necessary for their treatment, by a medical team or emergency physician. I (we) **Release** Illiana Cadet Council and any church or church agent from any and all liability for any damage, injury or loss arising out of actions taken in good faith in connection with the Event, regardless of whether caused by the negligence of any party hereby released.

I (We) do hereby give permission for my (our) son to attend the Illiana Council Kickoff campout from September 16 – 18, and any other function or authorized outing offered by the Illiana Cadet Council or our church Cadets during this 2016 -2017 season. I (We) understand that no fireworks, or similar explosive material may be taken to the campout. Further, I (We) understand that should my (our) son be found in possession of same, OR if he is acting in a manner that the camp director deems it necessary to expel him for the remainder of the campout, I (we) will be responsible for transporting my (our) son home.

Cadet Name: _____
(printed)

Date: _____

Parent's (Guardian) Name: _____
(printed)

Parent's (Guardian) Name: _____
(signature)

CADET MEDICAL STATEMENT:

EMERGENCY CONTACT: (please print)

Contact's Name: _____
Contact's Phone Number: _____
Alternative Phone Number: _____
Date of Cadet's Last Tetanus Booster: _____

Family Doctor: _____
Phone Number: _____
Insurance Name: _____
Policy / ID Number: _____

Please list any physical disability, allergy, medication, medical or diet restrictions that your son may have. The Staff *MUST* be aware of any conditions which may affect his participation in the campout.

Church Name: _____ **Club #** _____