

# Pioneer Life Summer Day Camp PAYMENT FORM 2019

**Note:** Although every child should have a completed separate registration form online, if you are registering more than one child you only need to complete ONE payment form.

**Please list all campers' names being registered:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ **Registration Fees**

\$230 with van service, per camper

\$200 without van service, per camper

\_\_\_\_\_ **Total of applicable discounts**

- \$25 Discount (may apply ONE of the discounts below; \$25 total, not per camper)
  - Alumni camper discount – year(s) attended \_\_\_\_\_
  - Parent is Illinois College faculty or staff parent
  - Parent/Grandparent is New Salem Lincoln League Member
- \$10 early registration discount with full payment (per camper) – must receive this payment form by 4/1/2019 with total payment
- \$10 sibling discount – this discount is for any additional family members (first family member pays full fee)

\$\_\_\_\_\_ **Total Amount Due**

## METHOD OF PAYMENT

\_\_\_\_\_ **CHECK** (payable to Illinois College; please note Pioneer Life Camp on your check)

\_\_\_\_\_ **CREDIT CARD** (see below)

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For Illinois College Business Office

### **Pioneer Life Summer Day Camp 2019 Credit Card Payment**

VISA    MasterCard    Discover    American Express

Amount \$ \_\_\_\_\_

Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Security Code \_\_\_\_\_

Cardholder Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

**Please list all campers names being registered:**

\_\_\_\_\_  
\_\_\_\_\_

**CONSENT FOR EMERGENCY MEDICAL TREATMENT**

In the event reasonable attempts to contact me at \_\_\_\_\_ (phone #) or \_\_\_\_\_ (other parent/guardian) at \_\_\_\_\_ (phone #) have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary for the child(ren) listed above by \_\_\_\_\_ (preferred physician) at \_\_\_\_\_ (phone #) or in the event the designated preferred practitioner is not available, by another licensed physician, and the transfer of this child to Memorial or St. John’s hospital (circle preferred hospital) in Springfield, IL. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

\_\_\_\_\_  
Signature of Parent/Guardian Date

**General Release Form**

In consideration of being allowed to participate in the Pioneer Life Day Camp program at Lincoln’s Historic New Salem Site, I hereby release the State of Illinois, the Illinois Historic Preservation Agency, Lincoln’s New Salem State Historic Site, the New Salem Lincoln League and Illinois College from any liabilities or claims arising from the above listed child(ren)’s participation. I agree that I will never prosecute or in any way aide in prosecuting any demand, claim or suit against the State of Illinois, the Illinois Historic Preservation Agency, Lincoln’s New Salem State Historic Site, the New Salem Lincoln League or Illinois College for any loss, damage or injury to my child’s person or property that may occur from any cause whatsoever as a result of taking part in this activity.

**For Minor Child**

I, \_\_\_\_\_, parent/legal guardian of the above-said child (ren), consent to his/her taking part in the Pioneer Life Day Camp activities, and will abide by the above.

\_\_\_\_\_  
Signature of Parent / Guardian Date