



Summer 2021



Welcome to Wisconsin Summer Camp 2021!

Gwyneth Emigh, Director of Operations

g.emigh@ulbgc.org

312-777-3222 (school year)

262-537-2510 (summer)

I HAVE SIGNED UP FOR SESSIONS

___ 1 Pick up: 8am 06/24 Drop off: noon 06/29 \$50

___ 2 Pick up: 8am 07/01 Drop off: noon 07/06 \$50

___ 3 Pick up: 8am 07/08 Drop off: noon 07/13 \$50

___ 4 Pick up: 8am 07/15 Drop off: noon 07/20 \$50

___ 5 Pick up: 8am 07/22 Drop off: noon 07/27 \$50

Any balances must be paid before the campers get on the bus.

I have chosen my child to be picked up and dropped off at:

___ Barreto Club (1214 N Washtenaw) 773-772-2187

___ Club One (2157 W 19th St) 312-777-3222

___ Englewood – Site TBD

___ I am making alternative plans with the Camp Director because I am a military family.

Please be at your designated Club at pickup time. The busses leave at 9am. Camp is not responsible for transportation for campers who do not make it on the bus. Campers must sign in at the club and all paperwork must be complete before getting on the bus.

COVID-19 CONSIDERATIONS

The ULBGC Camp will be following all State of Wisconsin, State of Illinois, City of Chicago, American Camp Association, and Centers for Disease Control rules and guidelines to ensure camp is safe for all campers and staff. This includes staying in the same cohort of 30 people for the whole session, wearing masks, assigned activity and shower times, divided meal times, and more.

CIT (Counselor in Training) PROGRAM

Due to the ongoing COVID-19 Pandemic and reduced capacity at camp, we have chosen not to offer a CIT program in the summer of 2021.

MILITARY FAMILIES

If your child has a parent in the military please email the Camp Director, Gwyn at g.emigh@ulbgc.org for the MYO form.

CAMP SCHOLARSHIPS

Youth whose households receive public assistance such as Medicaid, SNAP, or TANF are eligible for one free session of camp! Applications are in the registration packet.





Summer 2021 Information



CAMP RULES

At Camp we are:
Respectful
Responsible
Caring
A Leader
Show Good Character

SENDING MAIL TO CAMP

(Camper name)
c/o ULBGC Camp
PO Box 158
Salem, WI 53168



PHONE CALLS/VISITORS

To ensure the safety of the campers, we do not allow visitors on camp, and campers do not have access to telephones. Please feel free to send campers letters and packages as well as giving them stationary pre-stamped and addressed home and to friends and family to let them write. You may also send emails to camps@ulbgc.org which we will print out and give to the campers who may write a response which we will scan and email back.

IF YOUR CHILD WILL TAKE A PRESCRIPTION AT CAMP

The medication must be in a container with the original prescription label attached. You must also fill out an additional form that gives consent to give the medication. If your child takes daily OTC medications and would like them to take it at camp, it must be accompanied by signed doctors note and you must fill out the additional form that gives consent to give the medication. Failure to do so will result in your child not taking the medication at camp.

IF YOUR CHILD GETS SICK AT CAMP

If a child gets injured, all staff are CPR/First Aid Certified and there is a nurse on site to tend to the injury. Parents will be informed of injuries that alter the look of the child such as large or facial bruises. Parents will be informed of all injuries that require extra medical attention. If a camper requires emergency healthcare, they will be transported by ambulance. If a camper displays COVID-19 symptoms, a plan for their care will be made with parents, the Camp Director, and the Kenosha County Health Department. All parents will be informed if a child on camp tests positive for COVID-19.

POOR BEHAVIOR WHILE AT CAMP

In the registration packet, there is a behavior contract. Please go over this with your child. Failure to be a positive member of the camp community may result in the camper's expulsion from the program at the discretion of the Camp Director. The Camp Director will work with the parent to get the child safely home.

HOMESICKNESS

It is ok for your child to be homesick at camp and it is normal. Staff learn how to help homesick campers during staff training and then staff work to help kids work through their feelings so they can have fun at camp. If you get a letter from your child telling you they are homesick, don't worry. Working through homesickness and making it to the end of the session becomes a proud accomplishment for campers and teaches resiliency that will help your child transition to high school, college, and throughout adulthood! It is also ok to miss your camper while they are at camp. It is ok to tell them you miss them, and it is ok to tell them how proud you are of how brave they are and you can't wait to hear about their experience when the session of camp is over. At camp, we want to help your child learn independence while keeping them safe and having fun so we can be a part of raising them to be productive, caring, responsible citizens.

PACKING LIST

Camp is not responsible for damaged, lost or stolen items.

Please mark every item sent to camp with the camper's name to ensure return of misplaced items!

Camp has some extra supplies. Contact the camp if your child will need any of these items.

Bedding

1. Sleeping bag
2. Pillow
3. Twin fitted sheet

Shower Items

1. Shampoo/Conditioner
2. Soap
3. Toothbrush
4. Toothpaste
5. 2 washcloths
6. 2 towels
7. Deodorant
8. Other personal care items
9. Shower caddy

Activity Items

1. Water bottle
2. Bug Spray
3. Sunscreen
4. Flashlight
5. Book
6. Stationary and Stamps
7. A backpack or reusable bag

Clothing

1. 2 Jeans/long pants
2. 4 Shorts
3. 5 Shirts
4. 5 Socks, underwear
5. 2 pajamas
6. Rain gear
7. Bathing suit
8. 2 sweatshirt or jacket
9. Hat
10. 2 pairs of sneakers
11. 1 pair of sandals or flip/flops



WHAT NOT TO PACK

(items brought will be confiscated and returned at the Camp Director's discretion.)

Electronics & Cell Phones

Food and Candy UNLESS it is in a plastic container

Alcohol or Drugs (All prescriptions are collected at the clubs and kept with the Nurse)

Weapons



Summer 2021 Information



CAMP SCHEDULE

7:00am – Wake up
 7:45am – Flag Raising
 8:00am – Breakfast
 8:45am – Cabin Inspections
 9:00am – Morning Activities
 Noon – Lunch
 1:00pm – Rest Hour
 2:00pm – Afternoon Activities
 5:00pm – Cabin Time
 5:45pm – Flag Lowering
 6:00pm – Dinner
 7:15pm – Evening Program
 9:00pm – Bedtime
 10:00pm – Lights Out



MORNING AND AFTERNOON ACTIVITIES

Waterfront
 Swimming
 Boating
 Fishing
 Low Ropes
 Nature
 Field Sports
 Court Sports
 Arts & Crafts
 Music
 Dance
 Drama

CABIN ACCOMODATIONS

At camp, your child will live in a cabin with 11 other youth, 2 staff. Cabins lists are generated by sorting all campers by gender and then by age and dividing that list into groups. Requests for cabin mates cannot be guaranteed. All cabins have power and lights and bathrooms are in the lavatory. There is one lavatory by the boys cabins and one by the girls cabins. Cabins will be paired together to create two cohorts. Cohorts will participate in activities together and not mix with other cohorts on camp.

QUESTIONS?

If you have any questions before, while, or after your child is at camp, please do not hesitate to contact the Camp Director, Gwyneth Emigh at g.emigh@ulbgc.org or 312-777-3222 during the school year or 262-537-2510 during the summer. Camp is located at 24401 52nd St, Salem, WI 53168.



Summer 2021 Information



2021 Registration Packet

Camper Name: _____

Gender: _____ Date of Birth: ____/____/____

Campers must be between 6 and 12 years old

I want my child picked up (8am on the first day of the session) **and dropped off** (noon on the last day of the session)

___ Barreto (1214 N Washtenaw, Chicago)

___ Club One (2157 W 19th St, Chicago)

___ Englewood Site - TBD

___ I am a military family who lives in the north suburbs of Chicago therefore will make plans with the Camp Director

Sessions Camper is attending:

___ 1 ___ 2 ___ 3 ___ 4 ___ 5

For office use only

___ 1 \$50	___ Cash	___ Check	___ Title XX	___ MYO	___ Other	_____ Date
___ 2 \$100	___ Cash	___ Check	___ Title XX	___ MYO	___ Other	_____ Date
___ 3 \$100	___ Cash	___ Check	___ Title XX	___ MYO	___ Other	_____ Date
___ 4 \$100	___ Cash	___ Check	___ Title XX	___ MYO	___ Other	_____ Date
___ 5 \$50	___ Cash	___ Check	___ Title XX	___ MYO	___ Other	_____ Date

Payments being held by the Club:

Amount: \$ _____ Collected by: _____ Date: _____

Amount: \$ _____ Collected by: _____ Date: _____



Summer 2021 Information

CONSENT



Camper Name: _____

The attached health exam is correct, current, and complete as far as I am aware. The child herein described has permission to engage in all Union League Boys & Girls Clubs Camp, hereafter referred to as Camp, activities including Adventure High/Low Ropes Course, except as noted.

I give my permission to camp to provide routine healthcare, administer medications, and seek emergency medical treatment in the event of an emergency. I authorize Camp to obtain and exchange health information for the above-named Camper and agree to the release of any records necessary for insurance purposes. I give my permission to Camp to arrange all necessary transportation for my child.

I give my permission of any photograph, video, or other visual representation of my child to be used for publicity and marketing of Camp including any social media.

I understand that camp is not responsible for any lost, stolen, or damaged camper property.

I give permission for my child to attend any off-site field trips during their session(s) attending camp.

I understand that my enrollment is not complete until I have submitted all necessary documents, forms, and sent payment, if applicable.

I understand that if my child is unable or unwilling to complete a session at Camp, I will be notified. If Camp staff and I together cannot resolve the behavior/medical situation, I understand the Camp staff can determine my child is ineligible to remain at Camp and I will need to cooperate with their arrangements for my child's departure.

I certify to the best of my knowledge and belief, that the information provided in this document is true, correct, and complete. I understand that the information will be disclosed only for the purposes of administration of services and that Camp may verify the information I have provided. I understand that I have the right to appeal any adverse action to have a fair hearing of grievance. I request Camping services for the Camper named on the front portion of this document. I understand Camp's values, rules, and regulations and agree to follow them as outlined. I hereby give permission to the camper named in this document to participate in any and all camp activities at Camp and agree to hold free from any and all liability the Union League Boys & Girls Clubs, Camp, its staff and volunteer, the Illinois Department of Human Services, the American Camp Association Illinois or any of their officers for any accident, injury, or disability to the person or property of the aforementioned Camper arising out of or connected with his/her participation in any activity at Camp.

I have read and agree to the terms and conditions above.

Signature

Date

Printed Name

Relationship



Summer 2021 Information



Medical History

Camper Name: _____ DOB: ____/____/____

Doctors:

Primary Care:

Name _____ Phone Number: (____)____-____

Dentist:

Name _____ Phone Number: (____)____-____

Orthodontist:

Name _____ Phone Number: (____)____-____

Mental Health:

Name _____ Phone Number: (____)____-____

Other:

Name _____ Phone Number: (____)____-____

Health Insurance

Insurance Company: _____

Policy Number: _____ Group Number: _____

Insurance Company Phone Number: _____

Immunizations	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5	Latest
DTaP or Tdap	/	/	/	/	/	
Tetanus, Pertussis booster						/
MMR	/	/				/
IPV	/	/	/	/		
HIB	/	/	/	/		
PCV	/	/	/	/		
Hepatitis B	/	/	/			
Hepatitis A	/	/				
Chicken Pox	/	/				
MCV4	/					
H1N1	/	/				
Flu						/

Has the camper ever had surgery? YES / NO

Operation _____

Date _____



Summer 2021 Information



Camper Name: _____

Disease	Test Date	Results
Tuberculosis	/	/

Does the camper have Asthma? YES / NO

What triggers their asthma?

- ☐ Exercise
☐ Fatigue
☐ Food item
☐ Hydration
☐ Respiratory Infection/Common Cold
☐ Smoke
☐ Stress
☐ Other: _____

Disease	Last Occurrence
Chicken Pox	/
German Measles	/
Hepatitis A	/
Hepatitis B	/
Hepatitis C	/
Measles	/
Mumps	/
H1N1	/

Does the camper have Diabetes? YES / NO

Check blood sugar at:

☐ Breakfast ☐ Lunch ☐ Dinner ☐ Bedtime ☐ Other _____

Normal Blood Sugar Range: _____ - _____ Does camper use insulin? YES / NO

Does the Camper have any allergies? YES / NO

Medication allergies: _____

Food allergies: _____

Environmental allergies: _____

Please circle any dietary restrictions the camper follows: No dietary restrictions

- | | | |
|----------|-------------|------------|
| Kosher | No Pork | No Wheat |
| No Dairy | No Poultry | Vegan |
| No Eggs | No Red Meat | Vegetarian |
| No Fish | No Seafood | |

Please circle any of the health issues the camper has had and explain in the space provided below:

- | | | |
|--|--------------------------------|--|
| None | Head Injury | Orthodontic Appliance Required at Camp |
| Abnormal Menstrual History | Heart Murmur | Seizures, Convulsions |
| Anorexia, Bulimia | High Blood Pressure | Short of Breath, Wheezing |
| Back Problems | HIV | Skin Problems (itching, rash) |
| Bed Wetting | Immunodeficiency | Sleep Walking |
| Bleeding/Clotting | Joint Problems (ankles, knees) | Other: _____ |
| Diarrhea, Constipation | Knocked Unconscious | _____ |
| Chest Pain, Dizzy, Passing Out | Lice | _____ |
| Glasses, Contacts, or Protective Eyewear | Mono (in the last 12 months) | |

Please attach additional page with information

(Rev. 11/17)

STEP 1 List ALL infants, children, and students up to and including grade 12 who are Household Members

If more spaces are required for additional names, attach another sheet of paper.

[illegible]

Check all that apply

☐ Yes ☐ No

Write only one case number in this space.

Flip the page and review the charts titled "Sources of Income" for more information.

Child income

How often?				
Weekly	Bi-Weekly	2x	Monthly	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

All Adult Household Members (including yourself)
List all Household Members not listed in STEP 1 (including yourself) **even if they do not receive income**. For each Household Member listed, if they do receive income, report total **gross** income (before taxes) for each source in whole dollars only (no cents). If they do not receive income from any source, write "0". If you enter "0" or leave any fields blank, you are certifying (promising) that there is no income to report.

others with fluctuating income, project the annual income and report here.

	How often?					
	Weekly	Bi-Weekly	2x/Month	Monthly		
E. Pensions/Retirement/ Social Security, Other Income	\$					
	\$					
	\$					
	\$					
	\$					

others with fluctuating income, project the annual income and report here.

Check if no SSN ☐

Return completed form to:

Insert your Sponsor mailing address here

Street Address <i>If available</i>	Apt #	City	State	Zip	Daytime Phone and Email <i>Optional</i>

Signature of Adult Completing this Application—REQUIRED

Today's Date *Mo./Dav./Yr.*

INSTRUCTIONS

Source of Income

Sources of Income for Children

Sources of Child Income	Example(s)
- Gross earnings from work	- A child has a regular full or part-time job where they earn a salary or wages
- Social Security <ul style="list-style-type: none">- Disability payments- Survivor's benefits	- A child is blind or disabled and receives Social Security benefits - A parent is disabled, retired, or deceased, and their child receives Social Security benefits
- Income from person outside the household	- A friend or extended family member regularly gives a child spending money
- Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust

OPTIONAL

Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for meals.

Check one

Check one or more

☐ Hispanic or Latino

☐ American Indian or Alaskan Native

☐ Not Hispanic or Latino

☐ Asian

The **Richard B. Russell National School Lunch Act** requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced-price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number are not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, and with auditors for program reviews and law enforcement officials to help them look into violations of program rules.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity conducted or funded by USDA.

Sources of Income for Adults

Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement/ All Other Income
- Gross salary, wages, cash bonuses - Net income from self-employment (farm or business); FARM —refer to line 18 of the 1040 or line 34 from Schedule F; BUSINESS —refer to line 12 of 1040 or line 31 from Schedule C. If you are in the U.S. Military: - Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) - Allowances for off-base housing, food and clothing	- Unemployment benefits - Worker's compensation - Supplemental Security Income (SSI) - Cash assistance from State or local government - Alimony payments - Child support payments - Veteran's benefits - Strike benefits	- Social Security (including railroad retirement and black lung benefits) - Private pensions or disability benefits - Regular income from trusts or estates - Annuities - Investment income - Earned interest - Rental income - Regular cash payments from outside household

☐ Black or African American

☐ Native Hawaiian or Other Pacific Islander

☐ White

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotype, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: <https://www.ascr.usda.gov/ad-3027-usda-program-discrimination-complaint-form> and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

Mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW Washington, D.C. 20250-9410
Fax: (202) 690-7442; or
Email: program.intake@usda.gov

This institution is an equal opportunity provider.

Do not fill out

For Sponsor Use Only

Annual Income Conversion: Weekly x 52, Bi-weekly (Every 2 Weeks) x 26, Twice a Month x 24, Monthly x 12

How often?

Total Income

Weekly	Bi-Weekly	2x Monthly	Yearly
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Household Size

Categorical Eligibility

☐

Eligibility

Needy	Non-Needy
<input type="checkbox"/>	<input type="checkbox"/>

Signature of Determining Official

Today's Date Mo./Day/Yr.

Categorical Eligibility = FoodShare, W-2 Cash Benefits, or FDPIR participant

CAMPER REGISTRATION FORM SUMMER 2021

Illinois Department of Human Services through American Camp Association, Illinois
"Funding provided in part by the Illinois Department of Human Services"

Camp Agency Name: _____ Teen Reach Agency: _____

Name of Camp: _____ Session Dates: _____

Camper Information (to be completed by guardian)

***Camp Participants who receive funding from the ILLINOIS DEPARTMENT OF HUMAN SERVICES DFI TITLE XX CAMPING SERVICES through the American Camp Association, Illinois must be residents of the state of Illinois.**

CAMPERS - I am requesting DFI Title XX Camping Services for the following camper(s): I understand that I MAY NOT register these same campers for more than one camp in the same season (Summer, Fall, Winter, Spring)

A Potential camper must reside in Illinois and indicate they are receiving **any ONE of the following**: Temporary Assistance for Needy Families (TANF) **or** Supplemental Nutrition Assistance Program (SNAP) (previously known as Food Stamps) **or** Medical Services. **Identification Numbers** (Case or Individual Client ID#) **are NOT NEEDED.**

First Name: _____ MI: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____ County: _____

Birthdate (mm/dd/yyyy): _____ Age as of JUNE 1, 2021: _____ Grade in September: _____

Camper's Race/Ethnicity:

- ☐ American Indian or Alaskan Native
- ☐ Asian
- ☐ Black or African American
- ☐ Hispanic or Latino(a)
- ☐ Native Hawaiian or Pacific Islander
- ☐ White
- ☐ Other: _____

Camper's Primary Spoken Language:

- ☐ English
- ☐ Spanish
- ☐ Other: _____

Camper's Gender: _____

Parent/Guardian Name: _____ Phone: _____

PARENTAL CERTIFICATION AND AUTHORIZATION - I certify that to the best of my knowledge and belief, the information provided is true, correct and complete. I understand that the information will be disclosed only for purposes of administration of services, and that IDHS may verify the information I have provided. I understand that I have the right to appeal any adverse action and to have a fair hearing of grievance. I request camping services for the person(s) named as camper(s) above and give my permission for them to receive medical treatment, including surgery, in case I cannot be reached. I HEREBY GIVE PERMISSION FOR THE PERSON(S) NAMED AS CAMPER(S) ABOVE TO PARTICIPATE IN THE CAMPING PROGRAM AT CAMP(S) NAMED ABOVE AND AGREE TO HOLD FREE from any and all liability the Illinois Department of Human Services, the American Camp Association, Illinois and the Private Agencies and Camps, or any of their Officers, Employees and Members, and waive all claims for damages or recompense for any accident, injury or disability to the person or property of the aforementioned camper(s) arising out of or connected with his/her participation in any of the activities of the Camping Program.

Signature of Client/Parent

Date

Camp Representative Confirmation and Certification (to be completed by camp)

I have asked and received a qualifying answer from parent/guardian concerning the camper eligibility of the camper(s).

Signature of Camp Representative

Date



Summer 2021 Information



Camper Name: _____

Has the camper traveled outside of the United States in the last year? YES / NO

Where? _____

Please circle any of the mental health issues the camper has and explain in the space provided below:

No mental health issues

Attention Deficit Disorder (ADD or ADHD)

Depression

Eating Disorder

Learning or Processing Challenge

Obsessive-Compulsive Disorder

Panic, Anxiety Disorder

Substance Abuse

Other Mental, Emotional, or Social Health Issues

Will the camper take any prescriptions while at camp? YES / NO

Name

Dosage

Time

The following medications are stocked in the infirmary. Please cross off any medications you DO NOT want your child to take.

Acetaminophen (Tylenol)

Antidiarrheal (Maalox)

Bismuth Subsalicylate (Pepto Bismol)

Calamine Lotion

Chamomile Tea

Chlorpheniramine Maleate (Robitussin Cough &

Allergy Syrup)

Cough Drops

Diphenhydramine (Benadryl)

Guaifenesin (Mucinex, Robitussin Cough & Cold)

Ibuprofen (Advil)

Loratadine (Claritin)

Poison Ivy Treatment (Ivy-Dry)

Tums

Chlorisepctic Mouth Spray

Sunscreen

Midol

Pseudoephedrine Hydrochloride (Advil Cold & Sinus)

Pediculosis Treatment (Nix)

Tolnaftate (Tinactin)

Bacitracin/Antimicrobial (antibiotic ointment)

Betadine (iodine)

Burn Cream

Orabase B or Abreva

Carmax

Immodium

Visine

Swimmers Ear Drops

Hydrocortisone Cream 1%

Sting Relief

Has the Camper had ever tested positive for COVID-19? YES / NO

When was their last positive test? ____/____/____

Have the adults in the camper's household been vaccinated? ALL / SOME / NONE



Summer 2021 Information

BEHAVIOR CONTRACT



Camper Name: _____

I understand that it is my responsibility on camp to make sure that everyone around me are safe and are able to participate in activities on camp to the best of their abilities without fear of being put down.

At camp, I will:

Be Respectful

I will treat those around me as valued members of our camp community and make sure that everyone feels welcome.

I will care for camp and make sure it is safe for myself and those around me while I am at camp and make sure that it stays that way for those who come to camp after me.

Be Responsible

I will follow staff directions while I am at camp.

I will be accountable for my actions while I am at camp.

If I or someone else is unsafe or feel disrespected, I will alert a staff member immediately.

I will care for my belongings as well as the belongings of others so that we are all ready for each activity at camp.

I will follow COVID-19 Rules to make sure my friends and I are safe.

Be Caring

I will be nice and thoughtful to those around me.

I understand that camp is for everyone no matter their race, color, religion, national origin, ancestry, gender, sexual orientation, age, or disability.

Be a Leader

I will help make sure that my peers can participate in activities.

I will hold my peers accountable to follow staff directions with me.

I will have Good Character

I will be polite to all those around me regardless of my mood.

I will show good sportsmanship while at camp.

I have read these rules and will show these characteristics while at camp. I understand that if there are any issues, I can talk to the staff around me, a member of the leadership team, or the Camp Director. I understand that failure to follow these rules will expel me from camp, at the Camp Director's discretion.

Camper Signature

Date

Parent Signature

Parent Name

Membership Form/Forma de Membresia



UNION LEAGUE BOYS & GIRLS CLUBS

School Based Sites
Serving Englewood
Stagg School of Excellence
 Daniel S. Wentworth Elementary School
Nicholson STEM Academy
Englewood STEM High School
Serving Bridgeport
Air Force Academy High School

Serving West Town
Roberto Clemente Community Academy
Serving Humboldt Park
Frederic Chopin Elementary School
Serving Archer Heights
 Major Hector P. Garcia M.D. High School
PFC Omar E. Torres Acero School
SPC Daniel Zizumbo Acero School
Serving South Lawndale
Charles G Hammond Elementary School
Serving Little Village
 Octavio Paz Elementary, an Acero School
Serving Bucktown
CICS Bucktown
Serving Back of the Yards
Richard J Daley Academy

Traditional Clubs
Serving Pilsen
Club One
 1215 W 19th St
 Chicago, IL 60608 312-777-3222
Serving Humboldt Park
Barreto Club
 1214 N Washtenaw Ave
 Chicago IL, 60622 773-772-2187
Serving West Town
Club Two at William H. Wells
Community Academy High School
 936 N Ashland Ave
 Chicago, IL 60622 773-534-0751

Member's Status

____ New
 ____ Renewal
 ____ Former Member

Office Use Only

Club ID Number: _____

Site: _____

Paid: _____

Date: _____

Member First Name/ Primer Nombre _____ Middle Name/Segundo Nombre _____ Last Name/Apellido _____

--	--	--

Nickname/Seudonimo _____ Date of Birth/Fecha de Nacimiento _____ Gender/Genero _____ Age/Edad _____

--	--	--	--

Ethnicity (check those that apply)/Grupo Etnico (seleccione):

☐ African American ☐ Asian American ☐ Caucasian ☐ Hispanic ☐ Native American ☐ Other

Home Address/Direccion de Residencia _____ City/Ciudad _____ State/Estado _____ Zip Code/Codigo Postal _____

--	--	--	--

School/Escuela _____ Grade/Grado _____

--	--

Member Email Address/Correo Electronico de Membresia _____ Cell Phone/Telefono Celular _____

--	--

Parent/Legal Guardian #1

Name/Nombre _____ Last Name/Apellido _____ Relationship to Child/Relacion con el Niño(a) _____

--	--	--

Cell Phone/Telefono Celular _____ Employer/Nombre del Empleador _____ Work Phone/Teléfono del Trabajo _____

--	--	--

Email Address/Correo Electronico _____ Active, Reserve, Retired or Veteran Military? _____

	Yes/Si _____ No _____
--	-----------------------

☐ Check here if you were a member of the ULBGC/ha sido miembro del ULBGC

Parent/Legal Guardian #2

Name/Nombre _____ Last Name/Apellido _____ Relationship to Child/Relacion con el Niño(a) _____

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Cell Phone/Telefono Celular _____ Employer/Nombre del Empleador _____ Work Phone/Teléfono del Trabajo _____

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Email Address/Correo Electronico _____ Active, Reserve, Retired or Veteran Military? _____

	Yes/Si _____ No _____
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☐ Check here if you were a member of the ULBGC/ha sido miembro del ULBGC

Member lives with/Miembro vive con:

☐ Both Parents/Los Padres ☐ Mother/Madre ☐ Father/Padre
☐ Aunt/Uncle/Tio(a) ☐ Sister/Brother/Hermano(a) ☐ Grandparent(s)/Abuelo(s)
☐ Guardian/Guardian ☐ Other/Otro: _____

Household Size/Tamano Familiar _____ # of Sisters/Cuántas Hermanas _____ # of Brothers/Cuántos Hermanos _____

☐ CHECK HERE IF ALLERGIC TO PEANUTS / MARQUE AQUI SI ES ALERGICO AL CACAHUETE/MANI
☐ CHECK HERE IF HAS A PHYSICAL IMPAIRMENT / MARQUE AQUI SI TIENE ALGUN IMPEDIMENTO FISICO
 Other Medical Needs/Allergies – Otras Necesidades Medicas o Alergias:

Medications/Medicamentos: _____

Doctor's Name/Nombre del Doctor	Doctor's Phone Number/Telefono del Doctor
Insurance Company/Compania de Aseguranza	Policy Number/Numero de la Póliza

Emergency Contact OTHER than Parent/Legal Guardians / Contacto de Emergencia que no sean los Padres/Guardianes Legales			
Contact Name Nombre de Contacto	Phone Number Numero de Telefono	Relationship to Member	Authorized for Pick-up? Autorizado para recoger?
			Yes/Si No
			Yes/Si No
			Yes/Si No

Circle all programs the household receives benefits from/Selecione Todos Los Programas Que Aplican

TANF	SSDI	SSI	Day Care Voucher
Food Stamps/SNAP/Link	General Assistance	Reduced/Free School Lunch	Veterans Compensation

Annual Household Income (circle one)/Ingreso Annual del Hogar (seleccione):

\$9,000 or below/o menos	\$9,001-\$12,000	\$12,001-\$15,000	\$15,001-\$19,000
\$19,001-\$23,000	\$23,001-\$28,000	\$28,001-\$32,700	\$32,701-\$37,500
\$37,501-\$42,000	\$42,001 and above/y mas		

FOR OFFICE USE ONLY -PLEASE CIRCLE ALL THAT APPLY					
UDC 1: Teen Reach	UDC 2: Teen Reach Trkd	UDC 3: Scholarship F/P	UDC 4: Day Camp	UDC 5: Head Start	UDC 6: ASDC

I have read and completed the application. I understand the rules of the Union League Boys & Girls Clubs (ULBGC) and request that my son/daughter be admitted into membership. I have explained the rules to my child and agree that the ULBGC will not be responsible to any accident to the boy/girl while on the premises or while engaged in any of its activities away from the ULBGC. I give consent for photographs/videos, in which my child may appear, to be used for promotional services and events of the ULBGC. I allow my child to participate in the outcome measurement tool kit or NYOI survey of the ULBGC and to receive my child's grades from their school.

He leído la aplicacion en su totalidad, entiendo las normas del Union League Boys & Girls Clubs (ULBGC) y solicito que mi hijo(a) sea admitido(a) como miembro. He explicado las reglas y normas a mi hijo(a) y estoy de acuerdo que el ULBGC no se hará responsable por cualquier accidente que el(la) niño(a) tenga en las instalaciones o en actividades fuera de los ULBGC. Doy mi consentimiento para fotografias y videos, en los cuales mi niño(a) puede aparecer, para el uso de promociones de servicios y eventos del ULBGC. Permito que mi hijo(a) participe en la encuesta (NYOI) del ULBGC y les autorizo también a recibir las calificaciones de mi niño(a) de su escuela

Parent's Signature/Firma del Padre(s)	Relationship to Child/Relacion con el Nino(a)	Date/Fecha
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Club Member's Signature/Firma del Miembro	Date of Orientation with Parent(s)/Guardian Fecha de Orientacion con los Padres/Guardian
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Although our Clubs adhere and meet the Illinois Afterschool Quality Standards, we are not licensed or regulated by DCFS
 Aunque cumplimos con los estandares de calidad para programas después de la escuela de Illinois, no necesitamos licencia, ni estamos regulados por DCFS.