



## Minnesota Elks Youth Camp Registration Form

Name \_\_\_\_\_ Male Female

**SESSION 1 (July 24-30)**

Date of birth \_\_\_\_\_ Age \_\_\_\_\_

**SESSION 2 (July 31-Aug 6)**

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sponsoring Elks Member \_\_\_\_\_

Email \_\_\_\_\_

### Parent or Guardian Information

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone #( ) \_\_\_\_\_ Cell Phone #( ) \_\_\_\_\_

Work Phone #( ) \_\_\_\_\_ Email \_\_\_\_\_

### Emergency Contact Information

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone #( ) \_\_\_\_\_ Cell Phone#( ) \_\_\_\_\_

Has your child been away from home for longer than 2 days? \_\_\_\_\_

Please list any medical problems, treatments and medications:

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

Please include any additional information the camp should have concerning your child:

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

My child will abide by the rules designed to protect all camper's rights and safety. This application has my approval and consent for \_\_\_\_\_ to attend camp.

Signature of Parent or Guardian \_\_\_\_\_