



Minnesota Elks Youth Camp Registration Form



Name _____ Male Female **TROOPS WEEK**

Date of birth _____ Age _____

Address _____ Elks Lodge _____

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, diagnoses, treatments, and medications:

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

There are some special needs that the MN Elks Youth Camp is able to manage and some that beyond our capabilities. **Please check any that apply:** We will contact you with any questions we have.

- My child has special needs in school. Please explain _____
- My child has special dietary needs. Please explain _____
- My child has an allergy. Please explain allergy and severity of reactions. _____
- My child has special medical needs. Please explain. _____

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 _____