



## Minnesota Elks Youth Camp Camper Registration Form

### Child's Information

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First & Last Name \_\_\_\_\_ Male  Female   
Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Elks Lodge \_\_\_\_\_  
Home Address \_\_\_\_\_  
\_\_\_\_\_

### Parent or Guardian Information

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Name \_\_\_\_\_ Relationship Parent   
Home Phone # (\_\_\_\_) \_\_\_\_\_ Cell Phone # (\_\_\_\_) \_\_\_\_\_ Guardian   
Work Phone # (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_ Grandparent   
Other

### Emergency Contact Information

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Name \_\_\_\_\_ Relationship Parent   
Home Phone # (\_\_\_\_) \_\_\_\_\_ Cell Phone # (\_\_\_\_) \_\_\_\_\_ Guardian   
Has your child been away from home longer than 2 days? Yes / No Grandparent   
Other

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 are beyond our capabilities. **Please check any and all that apply.** We will contact you with any questions we have.

- Special Education Needs (e.g. para, IEP) Please explain \_\_\_\_\_
- Special Dietary Needs (e.g. gluten free) Please explain \_\_\_\_\_
- Significant Allergy Please explain allergy & reaction \_\_\_\_\_
- 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 \_\_\_\_\_ (child's name) to attend camp.

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