



Minnesota Elks Youth Camp Camper Registration Form

Child's Information

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

Parent or Guardian Information

Name _____ Relationship Parent
Home Phone # _____ Cell Phone # _____ Guardian
Work Phone # _____ Email _____ Grandparent
Other

Emergency Contact Information

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 _____