



## 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 \_\_\_\_\_  
\_\_\_\_\_

Tshirt size (circle one): Youth Size S M L XL Adult Size S M L XL

### 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

Grandparent

Other

### Physician Information

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Name of Family Physician/Healthcare Provider (n/a if not applicable) \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_

### Dentist/Orthodontist Information

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Name of Dentist/Orthodontist (enter n/a if not applicable) \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_

### Insurance Information

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Do you carry family medical insurance? Yes / No

If so, name of the insurance company? \_\_\_\_\_ Policy or Group # \_\_\_\_\_



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### Special Needs

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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 \_\_\_\_\_

### Additional Information

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Has your child been away from home longer than 2 days? Yes / No

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

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### Terms, Conditions, Photo Release, Consent

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**No Electronics Policy:** The Youth Camp prohibits electronics of any kind to help ensure a rich and engaging camp experience. Cell phones, laptops, iPads, tablets, any smart watches, or similar devices must be left at home. Disposable cameras are allowed so your child can capture photos of their camp experiences.

**Photo Release:** The Minnesota Elks Youth Camp takes photos of the campers throughout the week they are at camp. We post these photos on our Facebook page so that you can follow your child's experience at camp. I, the parent/guardian, understand that there may be photos & videos taken of my child while attending and participating in activities at the Minnesota Elks Youth Camp. The Minnesota Elks Youth Camp has my permission to use these photos on their social media sites, websites and other marketing materials. I understand that I can contact the company in writing if I would like a photo of my child removed within a reasonable amount of time. If I do not consent to allow photos to be taken and posted, I agree to provide a written explanation and to email this written explanation to the Camp Directors at [youthcamp@mnelks.org](mailto:youthcamp@mnelks.org)

I give my permission to use my child's photographs AS DESCRIBED ABOVE.  YES  NO

**Safety:** 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.

**PARENT'S AUTHORIZATION:** This information is correct and the person herein described has permission to engage in all prescribed camp activities except as noted by me and the examining physician. I hereby give permission to the physician selected by the camp director to order X-rays, routine tests and treatment for the health of my child, and in the event I cannot be reached in an emergency. I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child as named above.

We reserve the right to complete a health screening of each camper upon their arrival in order to be aware of any health concerns.

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