

Minnesota Elks Youth Camp Registration Form

Name _____

M F

Date of birth _____ Age _____

Address _____

School District _____

Parent or Guardian Information

Name _____ Relationship _____

Home Phone #() _____ Cell Phone #() _____

Work Phone #() _____ Ext _____

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 _____