

# 2011

Northland Summer Camp

## REGISTRATION & MEDICAL FORM

(PLEASE PRINT CLEARLY)

**PAY IN FULL BY MAY 15, 2011**

Camper's Name	Male Female	Date of Birth	Age as of 6/20/11	Grade Completed as of 6/2011 3 4 5 6 7 8 9 10 11 12	Graduation Date
Street Address	T-Shirt Size Youth M Youth L Adult S Adult M Adult L Adult XL Adult XXL	Camper's E-Mail Address (Only if you authorize it to be listed in the Camp Directory)			
City State Zip		Parent's Name(s)		Work Phone	
Home Phone		Parent's Email:			
Camper's Cell Phone # (Optional):		How did you hear about Camp?			

**\*Disclaimer: Admittance to camp requires camp director approval.**

If possible, assign me to the same cabin as (limit is two) 1.) \_\_\_\_\_ 2.) \_\_\_\_\_

### Calculate your Camp Fees below:

Fees for all members of the same household may be included in a single form.  
 Check here if this camper's fees are included in another application.

Number of campers in household: (circle)	
1-\$190   2-\$360   3-\$510   4-\$660	+\$
Early checkout/cleanup fee ___ X \$10.00	+\$
Camp Photos and Video DVD (optional) ___ X \$12.00	+\$
Sub Total	= \$
Canteen money per child (none accepted at registration)	+\$
Donation to Florida College Booster Club (optional)	+\$
Amount Enclosed	-\$
Balance Due if paid by 5/15/11	= \$
After 5/15/11 late fee ___ X \$15.00	+\$
Balance Due after 5/15/11	= \$

**NOTICE:** Campers are grouped according to grade/age. If you request to be with someone younger, you may be assigned to a lower age group. If you request to be with someone older, that person must agree to move down to your age group. Please make your requests on this form, NOT after you arrive at camp. While we do our best to accommodate reasonable requests, it is not always possible, or in the best interest of the camp. We make no guarantee your request will be granted.

#### IMPORTANT NOTICE:

Full camp refund available upon request through 5/15/11.  
After 5/15/11, \$25 per camper is non-refundable.  
After 6/01/11, there will be no refunds except for emergency situations.

#### CAMPER AGREEMENT:

I agree to respect and abide by all rules of Northland Camp.

Camper's  
Signature **X**

IN CASE OF EMERGENCY NOTIFY:	PARENT CELL PHONE:

### Medical Information & Parental Consent Form

Yes No *May we give this camper Tylenol for headache or fever?*

Yes No *Has this camper been hospitalized or treated by a physician within the last year? Specify: \_\_\_\_\_*

Yes No *Has this camper had a tetanus shot in the past (5) five years?*

Yes No *Does this camper have any known allergies (food, medicines, pollen). Specify: \_\_\_\_\_*

Yes No *Is this camper currently taking medication? If yes, please list meds and dosage on back.*

Yes No *Will he/she bring medication to camp? (ALL MEDICATIONS ARE TO BE TURNED INTO THE NURSE)*

Yes No *Does this camper have any physical or medical condition that we should know about (something that might limit participation in any camp activity)? Specify: \_\_\_\_\_*

Yes No *Is this camper covered by medical insurance? If yes, supply the following information:*

INSURANCE	POLICY	INS CO.
COMPANY	NUMBER	PHONE

I hereby give my permission for my child to be transported by camp staff members.

I hereby authorize the camp nurse or physicians of the local hospital or emergency service to perform all treatments and procedures as ordered or deemed necessary in the case of an accident, injury, or illness to the person of the camper listed above in the case of emergency.

Signature **X** \_\_\_\_\_ Date \_\_\_\_\_ Relationship with \_\_\_\_\_

**Checks payable to FCBC.**

**Mail check and applications to Sandy Guzzo, 6160 Green Valley Rd, Ramsey, MN 55303 (763.753.0001)**

**Camp questions to camp director: Rick Lanning @ 763.425.2385 or relanning@comcast.net**