

2010 VLM Camper Registration and Health Form

Please print clearly. Use separate form for each camper (form may be copied).

Return To: Voyageurs Lutheran Ministry, Box 1076, Cook, MN 55723

Note: Nonrefundable \$75 deposit must be returned with this form to secure reservation (\$100 deposit for Hockey Camp, Family Camp and Houseboat Camp, \$10 deposit for Half Pint Day).

Camp: Hiawatha, Vermilion, Week/Program: _____

Name _____

Address _____

City/State/Zip _____

Phone _____ Birthday _____

Email address for VLM/registration info _____

Please send VLM news, brochures, etc. to my email address.

Grade Completed _____ Gender _____

Cabin Mate Request: (list one) _____

Parent/Guardian _____

Work Phone _____

Second Parent/Guardian _____ Phone _____

Emergency Contact Person _____

Phone _____

Home Church, City & Pastor _____

Hockey Only: Position _____ Level _____ Weight _____

Hockey T-Shirt Size: __ Youth Lg __ Adult Sm __ Adult Md __ Adult Lg __ Adult XI

We Accept: MasterCard, Visa, Discover

Name _____ Amount to Charge \$ _____

_____ - _____ - _____ - _____ expir. date _____

[The following Health Form must be completed and signed for your child to attend camp]

Health History

(Check. Give approximate dates.)

_____ Frequent Ear Infections

_____ Heart Defect/Disease

_____ Convulsions

_____ Fainting Spells

_____ Headaches

_____ Bedwetting

_____ Diabetes

_____ Bleeding/Clotting Disorders

_____ Hypertension

Diseases

_____ Mononucleosis

_____ Chicken Pox

_____ Measles

_____ German Measles

_____ Mumps

Immunization dates _____ DPT Permanent Shots (Series of 3),

_____ Polio Immunization _____ MMR (Measles, Mumps, Rubella),

_____ Tetanus Toxoid Booster (Must be current within past 10 years.)

[Lack of dates will probably cause delays in treatment in our local hospitals]

Operations or Serious Injuries _____

Chronic or Recurring Illness _____

Dietary Restrictions (i.e. lactose intolerant) _____

Medications (please list and send with instructions) _____

My child has permission to participate in all aspects of the program at Voyageurs Lutheran Ministries except as noted and I agree that the camp or its personnel will not be held responsible for accidents arising therefrom. I understand that every effort will be made to contact me if my child needs emergency medical-surgical treatment. But if it is important to do so, I hereby give permission to the physician selected by the Camp Director to secure proper treatment, to hospitalize, to order injection, anesthesia, x-ray or surgery for my child as named above. I understand that my insurance has primary coverage and Voyageurs Lutheran Ministry insurance is secondary. I also give permission for any picture or video taken of my child to be used for promotional purposes.

Parent/Guardian Signature _____

Date _____

Insurance Co. _____

Policy Number _____

Phone Number _____

Allergies (Dates not needed)

_____ Hay Fever Food Allergies: _____

_____ Ivy Poisoning, etc. _____

_____ Insect Stings _____

_____ Asthma _____

Describe allergic response _____

Is your child allergic to any drugs? _____

Mental and Emotional Health

(To help us best serve your child.)

_____ ADD/AD/HD

_____ Depression

_____ Learning Disability

Other emotional health concern. _____