



Camper Registration Form

Thank you for your interest in Camp Quest of Minnesota, the secular summer camp. During a fun-filled week of games and activities, you will connect with other freethinking youth while expanding your critical thinking skills. Camp Quest will be held at Voyageur Environmental center, a leased residential Boys and Girls Clubs facility in Minnetrista, Minnesota. Camp will be held from July 25 through July 31, 2010. We anticipate having 40 males and females, ages 8-15.

Note: 16 and 17 year olds should apply to be Counselors in Training using the CIT application, found on our web site, <http://minnesota.camp-quest.org>.

Please complete, sign, and return this application and deposit at your earliest convenience. Spaces for campers are on a first come, first served basis. We require all application materials and the deposit to be in place before the camper is placed on the roster.

Camper Information

Camper's Name: _____

Gender: Female Male (circle one) **Nickname:** _____

Age (at time of camp): _____ **Date of Birth:** _____

Camper's E-mail: _____

Parent / Guardian Information

Parent/Guardian Name: _____

Street Address: _____

City, State, Zip Code: _____

Home Phone: () _____

Cell Phone: () _____

Work Phone: () _____

E-mail: _____



CAMP QUEST OF MINNESOTA P. O. Box 42, NAVARRE, MN 55392-0042

PH: (952) 903-0520

EMAIL: INFO@CAMPQUEST.ORG

WEBSITE: WWW.CAMPQUEST.ORG

Permission to Engage in Specific Activities

I (we) am (are) the _____ of _____, a camper at Camp Quest of Minnesota.

Understanding that certain activities have a degree of risk and uncertainty involved, and understanding that all reasonable efforts will be made by the staff of Camp Quest of Minnesota to see that these activities are carried out and supervised in a competent and responsible manner, permission is hereby given, or denied, as individually indicated below, for the camper above named to participate in the activity. Because of circumstances that may or may not be within our control, it may not be possible to offer all activities listed below.

Archery

Comment: Campers will have the opportunity to participate in supervised archery practice. While every precaution will be taken to assure the safety of everyone involved, archery involves flying projectiles and is therefore a potentially dangerous activity.

_____Permission Granted _____Permission Denied

High Ropes Course (tentative)

Comment: This activity will be conducted by an outside vendor in cooperation with Camp Quest staff. While every precaution will be taken to assure the safety of everyone involved, the course involves climbing on ropes and is therefore a potentially dangerous activity.

_____Permission Granted _____Permission Denied

Swimming

Comment: This activity will be supervised by the professional staff of Voyageur Environmental Center in cooperation with Camp Quest staff. During designated swimming times, there will be at least one lifeguard fully qualified in Red Cross Waterfront Lifeguarding, and at least one other adult supervisor. The swimming will be at a beach at the camp.

_____Permission Granted _____Permission Denied

Boating/Canoeing

Comment: This activity is offered by the staff of Voyageur Environmental Center. It is scheduled and conducted by them in cooperation with the staff of Camp Quest. After a training session, one gets in a boat/canoe and rows/paddles about on the lake (wearing a life jacket, of course). During designated times, boating will be supervised by a qualified lifeguard.

_____Permission Granted _____Permission Denied

Signed _____ Date _____

Parent and Camper Statement of Understanding of Camp Quest Policy

The following is Camp Quest policy information for the safety and protection of each child. Please read, sign, and return to Camp Quest with your registration form.

We (camper and parent) understand that it is the responsibility of each camper to participate in the whole program, including activities of work, play, values sharing and living together. We understand and support camp policies prohibiting campers from bringing weapons to camp, and from possessing or using tobacco products, alcoholic beverages or non-prescription drugs while at camp. We recognize that campers must follow safety instructions, remain in areas designated by staff, refrain from behavior that is harmful to themselves or others, and otherwise act in a manner that maintains a safe, tolerant, and fun atmosphere for all campers. Failure to adhere to camp policies may cause the Camp Director to dismiss a camper, without refund of camp fees.

I (parent) understand that I am not to leave my child at Camp Quest unless a camp staff member is there to receive and supervise my child.

I understand that campers will not be allowed to leave the camp or camp activities with an unauthorized person. Any person other than a parent will not be allowed to pick up the camper unless prior arrangements have been made by calling the Camp Quest office to inform them.

Campers may bring electronic devices such as MP3 players but these are to be used only during limited times designated by the camp staff. Cell phones are not permitted at camp. Parents may contact the host camp or the Camp Director if communication with the camper is necessary. Failure to adhere to this policy may result in the Camp Director taking and holding the device in safekeeping until the camper departs. Camp Quest is not responsible for lost or stolen items.

I am aware that my child will have the opportunity to participate in camp activities which may involve a degree of risk, and I approve his/her participation in such activities. I understand that accidents can occur. Recognizing that the camp will do its best to ensure a safe and enjoyable camping experience, I hereby release Camp Quest and its operator, Camp Quest, Inc., from any and all responsibility and liability of any nature resulting from my child's participation in any camp activity.

I have read and understand *The Affirmations of Humanism: A Statement of Principles and Values* and *The Mission Statement of Camp Quest of Minnesota* attached to this form and recognize them as fundamental to the philosophy of Camp Quest.

I understand that my child will be photographed, and consent to the photographs being used for camp promotional purposes. Camp Quest of Minnesota uses only campers' first names in photo captions and articles.

Parent/Guardian Signature

Date

Camper Signature

Date

M/F (Circle One)

Medical/Health History Form

Age _____

Camper's Name: _____, _____, _____
Last First MI Date of Birth

ALLERGY ALERT: No Allergies Allergies: List any allergies to medications, foods, poison ivy, bee stings, or hay fever. Please specify the reaction to each allergy.

Address: _____ Phone: _____
Parent(s) or Guardian: _____ Phone: _____
Home Address: _____ Phone: _____
Business Address: _____ Phone: _____

Emergency Contact: _____ Relation: _____
Address: _____ Phone: _____
Second Emergency Contact: _____ Relation: _____
Address: _____ Phone: _____

Name of Camper's Physician: _____ Phone: _____
Name of Camper's Dentist: _____ Phone: _____
Is the camper covered by medical/hospital insurance plan? YES NO
If so, Indicate: Carrier _____
Policy or Group #: _____ I.D. # _____

MEDICATION (to be completed by parent or guardian)

Many basic over-the-counter (OTC) medications are supplied by camp and may be administered by the Camp Nurse under physician approved standing orders. These may be useful to treat minor conditions, such as a headache. The Camp Nurse or Camp Director will always call you in case of more serious conditions. Please check the medications below which you do not want given to your child:

- Antibiotic Ointment/Spray Acetaminophen (Tylenol) Calcium Carbonate (Antacids)
- Diphenhydramine (Benadryl) Ibuprofen Hydrocortisone Cream Lactase (Lactaid)
- Loratadine (Claritin) Loperamide (Imodium) Menthol (Cough Drops) Pseudoephedrine
- Simethicone (Mylicon) Sunscreen Do not administer any medications to my child

Please send all medications in the original container. Please do not send OTC medications that are listed above. If it is not necessary for your child to continue taking supplements while at camp, consider keeping these at home for the week. Please refrain from taking a "holiday" from any ADD or ADHD medications during camp.

List all medications (prescription and OTC) that your child will need to take at camp:

Medication Name	Dose	Time(s)	Reason

HEALTH HISTORY (to be completed by parent or guardian)

Does the camper have epilepsy (seizures, convulsions)? YES NO

Does the camper have diabetes? YES NO

Does the camper have any chronic illness or disability? YES NO

(Please describe) _____

Has the camper ever had problems with: (Give approximate dates and describe below)

- | | | |
|--|---|---|
| <input type="checkbox"/> Asthma (wheezing) | <input type="checkbox"/> Heart disease | <input type="checkbox"/> Nosebleeds |
| <input type="checkbox"/> Bed wetting | <input type="checkbox"/> Sleep walking | <input type="checkbox"/> Ear infections |
| <input type="checkbox"/> Skin disease | <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Headaches |
| <input type="checkbox"/> Orthopedic (bones & joints) | <input type="checkbox"/> Emotional and/or behavioral problems | |

Does the camper have any specific food preferences or have any dietary requirements (such as vegetarian meals, or lactose intolerance)?

AUTHORIZATION

This health history is correct to the best of my knowledge, and my child has permission to engage in all prescribed camp activities except as noted.

Authorization to administer routine over the counter medications: I authorize the Camp Nurse to administer routine over the counter (OTC) medications to my child. I have indicated in the above Medications section which, if any, OTCs are not allowed or which will require my permission at the time of administration.

Authorization to contact emergency contacts: In the event I cannot be reached in a non-medical emergency, I hereby give permission to the Camp Director or volunteer authorized by the Camp Director to contact the emergency contacts listed above regarding my child.

Authorization for treatment: I hereby give permission to the medical personnel selected by the Camp Director of Camp Quest to order x-rays, routine tests, treatment, and necessary transportation for me and/or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Director to secure and administer all necessary treatment, including hospitalization, for my child named above. The completed forms may be photocopied for trips out of camp.

Signature of Parent or Guardian

Date

Camp Fees: \$395 per camper

Optional Fees:

T-shirts: One Camp Quest T-shirt is included in the camp fee. Additional shirts are available for \$10 (each). Please indicate sizes and quantity below.

Size: (Child) _____ 7-8 _____ 10-12 _____ 14-16
(Adult) _____ Sm. _____ Med. _____ Lg. _____ X-Lg. _____ XX-Lg.

Please tell us how you found out about Camp Quest: _____

Basic Fee	_____	\$395.00	
Additional T-Shirt(s) (\$10 ea.)	+	_____	Indicate how many of each size above.
Voluntary Contribution	+	_____	Contributions are tax deductible.
Total Amount	=	_____	

Registration fee of \$100 must accompany application.
(This portion of the fee is *non-refundable*.)

Balance of all fees is due two months in advance of the camp start date (May 25, 2010). If slots remain, registration will continue after this date.

**Make checks payable to “Camp Quest of Minnesota”
-OR-
use PayPal at our web site <http://minnesota.camp-quest.org>**

Mail this completed form and the camp physical form with payment to:

**Rick Rohrer, Registrar
Camp Quest of Minnesota
P.O. Box 42
Navarre, MN 55392-0042**

-OR-

Send the completed forms as a legible scanned .pdf or .tif file to
rick.rohrer@mchsi.com

**Telephone: 952-903-0520
E-mail: mncampquest@comcast.net**