



P. O. Box 42, Navarre, MN 55392-0042, 952-903-0520 <http://minnesota.camp-quest.org>

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 26 through August 1, 2009. 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. . Don't forget to include a physical exam form from a physical exam occurring on or after 7/26/2007.

Camper Information

Camper's Name: _____

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

Age: _____ **Date of Birth:** _____

Camper's E-mail: _____

Cabin Mate Preference: _____

Parent / Guardian Information

Parent/Guardian Name: _____

Street Address: _____

City, State, Zip Code: _____

Home Telephone: () _____

Work Telephone: () _____

Cell phone: () _____

E-mail: _____

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

Horseback Riding (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 activity involves horses whose behavior cannot always be predicted. It 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 and refrain from behavior that is harmful to themselves or others. 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 my child 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 or cells phones. These are to be used only during limited times designated by the camp staff. 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

Health History Form

Camper's Name: _____ M/F: ____ Birth date: _____ Age: _____
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. # _____

HEALTH HISTORY: (to be completed by parent or guardian)

Does the camper have epilepsy (seizures, convulsions)? YES ____ NO ____ Diabetes? YES ____ NO ____
Does the camper have any chronic illness or disability? YES ____ NO ____
(Please describe) _____

Is the camper taking any medications? (Please send with instructions) _____

Does the camper have any allergies to medications, foods, poison ivy, bee stings, or hay fever? _____

Does the camper require any dietary modifications? _____

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

____ Asthma (wheezing)	____ Heart disease	____ Nosebleeds
____ Bed wetting	____ Sleep walking	____ Ear infections
____ Skin disease	____ High blood pressure	____ Headaches
____ Orthopedic (bones & joints)	____ Emotional and/or behavioral problems	

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 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 26, 2009). If slots remain, registration will continue after this date.

Make checks payable to “Camp Quest of Minnesota”

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

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Physical Exam Form

**Physical Examination --TO BE COMPLETED BY LICENSED PHYSICIAN
(exam must be done within two years prior to camper's arrival at camp)**

NAME: _____ Date of Birth: _____

Height: _____ Weight: _____ Blood Type: _____ Blood Pressure: _____

I have examined the camper named above on _____ The exam was essentially normal with the following exceptions: _____

Date of most recent tetanus immunization: _____

Allergies (please specify): _____

Restrictions and/or recommendations:

Special diet: _____

Medications: _____

Strenuous activity: _____

Swimming and/or diving: _____

Other: _____

Chronic illnesses or disease: _____

Operations: _____

Signature of Examining Physician:

_____ Date: _____

Address: _____

Phone: _____