

Sharing Our Services (SOS) Camp Application/Registration 2012



GENERAL INFORMATION

Camper Name _____ Age: _____ Birthdate: _____ Sex: M or F
Address _____

City _____ State _____ Zip _____ Phone: _____

Does this person live with his/her parents (please circle) Yes or No

If no, name of place of residence: _____ Phone: _____

Has this Camper attended SOS Camp before (circle one)? Yes No If yes, what years _____

EMERGENCY CONTACT INFORMATION

Who should be contacted in case of an emergency?

Name: _____ Relationship to Camper: _____ Phone: _____

Parent/Guardian: _____ Phone: _____

Please answer the following questions with a Yes (Y) or No (N) response unless otherwise noted:
Does the Applicant:

| | | |
|-------|--------------------------|--|
| Read: | Sleepwalk: | Walk: Type of assistance, if needed: |
| Hear: | Dress Independently: | Use the Bathroom Independently: |
| See: | Eat/Drink Independently: | Need to be awoken at night to use the bathroom? If so, how often? |
| | | Talk: If not does he/she use another means of communication? If so, what? |

Please comment further on any of the above on the Camper Medical and Personal History Form

PAYMENT (please complete all that apply)

Total cost of S.O.S Camp: \$400.00

_____ (insert name or organization) will be paying the entire fee for this camper

OR

_____ will be paying _____ (insert amount) & _____ will be paying the balance of _____.

PARENT/GUARDIAN CONSENT

I hereby give my permission for _____ to attend Shetek SOS Camp. Permission is given to use photographs and names of my son/daughter in camp promotions, including online. I understand precaution is taken to safeguard the health and safety of the campers under the supervision of Shetek Lutheran Ministries. I agree to relieve Shetek Lutheran Ministries and all personnel from any liability in connection with this activity.

Signature: _____ Date: _____

RETURN REGISTRATION/APPLICATION

In order to be considered registered and to hold a place for SOS Camp 2012, all forms (aside from the Physician's Form, which can be submitted at a later date) must be returned to Shetek Lutheran Ministries with a \$60.00 deposit. SOS camp fills quickly so register early to avoid being placed on a waiting list. Bring changes in behavior or medication with you to the camp registration on July 9, 2012.

Mail Registration/Application to: Shetek Lutheran Ministries/14 Keeley Island Dr/Slayton, MN 56172

