

TEEN REGISTRATION

2012 YOUNG TEENS/SR. HIGH/CHALLENGE:
GRADES 6-12

Register online at troutlakecamps.org

Camper's Name _____

Grade Completed as of June 2012 _____ Gender Male Female

Street _____ City/State/Zip _____

Birth Date _____ Parents with Whom You Live _____

Home/Cell Phone _____ 2nd Cell Phone _____

Mom's Work/Cell Phone _____ Dad's Work/Cell Phone _____

Email Address _____

Church You Attend _____ City _____

Cabin Mate Request (Print first and last name. Cabinmates are not required. You may list two names.)

1st Choice _____ 2nd Choice _____

SENIOR HIGH ONLY:

Please register me/my child for horsemanship skills class. I have enclosed an additional \$65.00. I understand that spaces are limited and registration is handled first-come, first-served. **Classes are not available to Young Teens or Challenge Campers.** If I am not registered for horsemanship and I paid by check, I would like the refund: Credited to the camper's spendable bank account. Refunded to me.

CAMP SCHEDULE Mark your camp preferences with a 1, 2, or 3

If my first choice is full: (check all that apply) Place me on a waiting list for that camp. Register me for my second choice.

Camp	Dates	Price
Young Teens 7-day	June 17-23	\$325
Young Teens 7-day	June 24-30	\$325
Young Teens 6-day	July 1-6	\$260
Young Teens 7-day	July 8-14	\$360
Young Teens 6-day	July 15-20	\$360
Senior High Camp	July 15-20	\$410
Young Teens 7-day	July 22-28	\$360

Camp	Dates	Price
Young Teens 7-day	July 29-August 4	\$385
Junior High Challenge	July 29-August 4	\$410
Young Teens 7-day	August 5-11	\$399
Senior High Challenge	August 5-11	\$410
Young Teens 7-day	August 12-18	\$385
Young Teens 6-day	August 19-24	\$360

Check if this is your first time as a camper at Trout Lake Camps.

PAYMENT FORM

Check # _____

Mastercard VISA Discover

Account # _____ - _____ - _____

Expiration Date _____ CVV# _____

Name on Card _____

Phone Number _____

Signature _____

Reminder: All camps begin at 3:00 p.m. and end at 10:00 a.m.

PAYMENT WORKSHEET

Camp Fee (see schedule) \$ _____

Horsemanship (optional \$65.00) \$ _____

5x7 Cabin Photo (optional \$5.00) \$ _____

DVD (optional \$12.00) \$ _____

Camper's Bank Money (optional) \$ _____

If my camper does not spend all of their money, please donate it to the scholarship fund.

TLC Coupon Discount (\$10.00) \$ [_____]

Church Coupons or Payments \$ [_____]

Church Payment Code: _____

Scholarship Gift to help others w/financial need \$25 Other \$ _____

Total Payment Enclosed \$ _____

Be sure to read the [Camp Information page](#) for additional information.

10173 Trout Lake Drive, Pine River, MN 56474 • Phone (218) 543-4565 • Fax (218) 543-4337 • troutlakecamps.org

HEALTH HISTORY AND MEDICAL INFORMATION

Available online at troutlakecamps.org/camperhealthform

Camper _____ Birth Date/Age _____

Address _____

Parent 1 (C) _____ Alternate # _____

Parent 2 (C) _____ Alternate # _____

If one of the above is unavailable, please contact: _____

Relationship _____ Phone # _____

INSURANCE INFORMATION

Medical insurance company _____ Named Insured _____

Policy # _____ Group # _____

Physician _____ Primary Clinic _____

HEALTH HISTORY

Does this camper have any allergies to medications, food, plants, insects, etc.? Yes No

If yes, please explain: _____

Allergies are: Mild Moderate Life threatening

Are there any health problems that would make it difficult for your child to participate in physical activities while at camp? Yes No

If yes, please explain: _____

Does your child have any of the following concerns:

- ADD/ADHD Asthma Autism Other (Please explain) _____
 Bedwetting Diabetic Downs _____
 Heart Defect Seizures Tourette's _____

Approximate date of last tetanus shot: _____

Are all immunizations up to date? Yes No

If no, reason? _____

Is there anything else you'd like us to know? _____

I HEREBY:

- Affirm there is no need of a doctor's examination prior to camp based on current physical health, or that such an examination has been obtained and included this with registration.
- Authorize Trout Lake Camps medical staff to dispense over the counter medications as need arises and prescription medications based on instructions provided.
- Give permission to the medical personnel selected by the camp to order x-rays, routine tests, treatment, to release any records necessary for insurance purposes, and to provide or arrange necessary medical transportation for me or my child. In the event that I cannot be reached in an emergency, I hereby give my permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above.
- Allow my child to participate in all camp activities which may include, but is not limited to the following: horseback riding, mountain bike riding, mountain scooter riding, zipline riding, paintball and riflery unless written instructions are sent indicating otherwise.
- Understand that Trout Lake Camps reserves the right to dismiss a camper whose action, behavior, or attitude, in their judgment, is contrary to the best interests of the camp.
- Agree that any pictures or video of the camper taken at camp may be used by Trout Lake Camps or their assigned agents for art, advertising, or promotional literature. I waive my right to inspect or approve the finished product or copy or approve the finished product or copy.

Parent/Guardian Signature _____ Date _____