

Winter (until May 20)
 10179 Crosstown Circle
 Eden Prairie, MN 55344
 Fax 952.922.7149
 Voice 952.922.2545
 800.242.1909



Summer (after May 20)
 PO Box 1308
 Lake Hubert, MN 56459
 Fax 218.963.2447
 Voice 218.963.2339
 800.242.1909

2010 Contact Form

RETURN TO CAMP BY MAY 1st for all sessions. If registration is after May 1st, return ASAP.

Please verify and make any corrections and fill in any missing information. PLEASE PRINT & COMPLETE BOTH SIDES.

Camper's Name:	<u>CABINMATE REQUEST:</u> Please see Parent Handbook, page 3.				
Goes by:					
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 5px;"><u>Session(s)</u></td> <td style="padding: 5px;"><u>Dates</u></td> </tr> <tr> <td style="height: 40px;"></td> <td></td> </tr> </table>	<u>Session(s)</u>	<u>Dates</u>			
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Birthday:	Grade (09/10):	<u>CAMP BEDDING:</u> Check here to rent camp bedding <input type="checkbox"/>
Current School:		

Church Preference:	Please list sibling name(s) & age(s): _____
CONTACT INFORMATION:	_____
Home Address:	_____

Information for:	Were parents and/or grandparents former campers or staff? Please provide names – maiden too – and dates (if known):
Home Phone:	_____
Cell Phone:	_____
Work Phone:	_____
Fax Number:	_____
Email:	_____

Mother living?	YES	NO
Father living?	YES	NO
Are parents separated/divorced?	YES	NO

Information for:	If "YES", correspondence should be sent to?
Home Phone:	Mother Father Both
Cell Phone:	Additional address for summer correspondence:
Work Phone:	_____
Fax Number:	_____
Email:	_____

Complete both sides and sign reverse side

2010 Camper Profile

Camper Name: _____ **Session:** _____

Use an additional page if needed. Describe any medical instructions or special needs completely on the Camper Health Form.

CAMPER ASSESSMENT: Please check all that you feel pertain to your child.

Attitude Toward Camp: <input type="checkbox"/> Enthusiastic <input type="checkbox"/> Interested <input type="checkbox"/> Lukewarm <input type="checkbox"/> Unenthusiastic	Physical Coordination: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor	Adjusts to Peers: <input type="checkbox"/> Very Easily <input type="checkbox"/> Easily <input type="checkbox"/> Sometimes <input type="checkbox"/> Slowly	Swimming Ability: <input type="checkbox"/> Red Cross Rating _____ <input type="checkbox"/> Advanced <input type="checkbox"/> Intermediate <input type="checkbox"/> Beginner
Temperament: <input type="checkbox"/> Timid <input type="checkbox"/> Outgoing	<input type="checkbox"/> Quiet <input type="checkbox"/> Moody	<input type="checkbox"/> Happy <input type="checkbox"/> Sensitive	<input type="checkbox"/> Competitive <input type="checkbox"/> Confident

CAMPER PROFILE & GOALS (Please be as specific as possible)

Have past camp experiences been satisfactory? Yes or No Why/Why not?

Other experiences away from home:

What aspect(s) of camp is your camper looking forward to?

Overall, how was your child's year at school? Any issues or concerns that could come up at camp?

Eating and sleeping habits (include typical summer bedtime/wake-up times & sleep needs):

Known fears/concerns/dislikes (please include additional information in order to make their experience at camp a success):

Are there any activities do you want encouraged at camp and why?

Has your child experienced any new challenges/struggles/difficulties lately?

What type of discipline techniques have been successful in your household, should it be needed while at camp?

AUTHORIZATION – The information I have provided is to the best of my knowledge accurate and contains no misrepresentations. Furthermore, I understand and give permission for my child to participate in Camp Lincoln/Camp Lake Hubert activities and programs whether these take place on or off camp property and under all the terms of the enrollment agreement that I have already received. I agree that my camper is voluntarily participating with the knowledge that there are inherent and other risks (both known and unknown) in these activities and programs. My camper and I accept full responsibility for any injury, damage, death or other loss resulting from these risks and/or resulting from my camper's own negligence or other misconduct. During the camp season, I give permission to the camp to act on my behalf in signing waivers when requested by vendors offering programs to my campers in conjunction with camp sponsored programs and/or activities on or off camp property.

Parent's Signature: _____ **Date:** _____