



# Camp FA-HO-CHA Application Form 2017

Please print all information



Camper Name \_\_\_\_\_ Male \_\_\_ Female \_\_\_  
 Address \_\_\_\_\_ Birth Date \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_ If 10 or older by July 1 and 12 or younger by July 1  
 Grade Completed \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_

Emergency Contact (Name) \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Health Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

Allergies (Please circle and describe reactions)

Hay Fever    Insect Stings    Penicillin    Poison Ivy    Specific Foods    Other

Reactions: \_\_\_\_\_

Medications (List all medications currently in use)

*I grant permission to the head counselor to administer the medications that I have indicated above.  
 I understand that all medications will be administered according to labeled directions.*

Should any accident or illness occur to my child at the camp or en-route, I understand that immediate care will be given. If the nature of any indisposition, however, would require further treatment or care beyond the terms of the insurance, I authorize necessary attention. Should such indisposition prevent further participation of the Camp activities, I am willing that my child be returned home at my expense.

All bags subject to inspection for the safety of all children.  
 I the undersigned hereby authorize the use of any photos, not limited to children attending the camp, to be used in any public media for the promotion of the camp.

\_\_\_\_\_  
 Parent/Guardians Signature

I would like to take part in the camping activities at Camp "Fa-Ho-Cha" located on German Lake in Le Sueur County, MN. I agree to follow the directions of the Camp Counselor and take part in the activities planned each day. I will be attentive to other campers and be a friend to everyone.

\_\_\_\_\_  
 Campers Signature

Male Campers will be attending week of **July 16-22, 2017**  
 Female Camper will be attending week of **July 23-29, 2017**

Camper Paid by: \_\_\_\_\_

Application approved by Lodge # \_\_\_\_\_, (city) \_\_\_\_\_, MN

Noble Grand \_\_\_\_\_ Secretary \_\_\_\_\_  
 Signature Signature