



Camp Fa-Ho-Cha Application Form 2018

Please print information



Camper Name _____

Male _____ Female _____

Address _____

Birth Date _____

If 10 or older by July 1 and 12 or younger by July 1

City, State, Zip _____

Grade Completed _____

Parent/Guardian _____

Home/Cell 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/Guardian 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.

Camper Signature

Male Campers will be attending week of **July 15-21, 2018**

Female Campers will be attending week of **July 22-28, 2018**

Camper Paid by: _____

(Revised Mar 2017)

Application approved by Lodge # _____ (city) _____

Noble Grand _____ Secretary _____

Send application/check to: Donna Perryman, Secretary PO Box 404 Winnebago, MN 56098