



# Camp Fa-Ho-Cha Application Form 2020



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.

The Camp will not discriminate against any individual. Reasonable modifications in policies, practices or procedures will be made when such modifications are necessary to afford its services and facilities to individuals with disabilities, unless the modifications would fundamentally alter the nature of its services.

\_\_\_\_\_  
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

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Male Campers will be attending week of **July 12-18, 2020**  
Female Campers will be attending week of **July 19-25, 2020**

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

(Revised Feb 2019)

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

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

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