

For Office Use Only

Received Application:

Deposit Received:

# Family Foundations Minnesota, LLC

## Camper Application Form

Parents, please print and complete application in black ink. Applications are due 14 days prior to first day of camp.

Referred by (if applicable) \_\_\_\_\_

Name of Camp (please circle):

Minnesota Adventure Camp June 9-19, 2012

Camp Character: August 19-22, 2012

**PLEASE RETURN THIS FORM TO: Family Foundations Minnesota, LLC**  
**Sarah Coumbe-Guida**  
**24250 Shady Ridge Drive**  
**Laporte, MN 56461**  
**218-760-8442**

### General Information:

Camper Name		<input type="checkbox"/> Male <input type="checkbox"/> Female
Address		
City	State	Zip
Birth Date	Age (at start of camp)	
Home Phone	Email	
Mother's Name	Cell Phone	Work Phone
Father's Name	Cell Phone	Work Phone
Legal Guardian	Cell Phone	Work Phone

### Personal Information:

Shirt Size: [Child  S  M  L] [Adult  S  M  L  X-L  XX-L]

Does the camper speak multiple languages?  Yes  No. If yes, what language(s)?

### Personality and Interests:

Describe the camper's personality and interests.

### Diet:

What are the concerns/likes regarding appetite or special food?

### Activities:

Please list any special activity interests of which we should be aware of or restrictions with activities:

# Family Foundations Minnesota, LLC

## Camper Application Form

### Camper Agreement:

Campers and staff of Family Foundations camps have always been required to initial and agree to abide by some basic guidelines before they are permitted to serve at camps.

**We ask that campers initial each line and together with a parent, sign and then return this form to Family Foundations Minnesota, LLC.**

If a camper or parent would like to discuss any of these rules with us, please don't hesitate to call the Camp Director: Sarah Coumbe-Guida or Travis Guida - Camp Directors at (218) 760-8442.

### I understand and agree to the following rules:

- I will not bring cigarettes, alcohol or illegal drugs to camp.
- I will not bring knives or other potentially dangerous items to camp.
- I will not swear or use foul language at camp.
- I will follow the Camp Director's instructions regarding rules and respect.
- I will observe designated quiet times so that all may get adequate rest.
- I will leave all electronic devices at home, other than cell phone for parent contact and music in cabins.
- I will not bring animals or pets.
- I agree to not use any on-site vehicles nor use of vehicles if brought from home.

\_\_\_\_\_  
Signature of Camper

\_\_\_\_\_  
Signature of Parent/Legal Guardian

### OPTIONAL TRIPS & SERVICES:

- Round Trip transportation from Bemidji Regional Airport (\$25 each)
- Round Trip transportation to/from Minneapolis International Airport (\$100/ea)

**THIS APPLICATION MUST BE SIGNED BY A PARENT ON THE NEXT PAGE. A \$250 DEPOSIT IS REQUIRED**

### CAMP TUITION/DEPOSIT:

A non-refundable deposit of \$250 is required to process each enrollment application. Your final balance is due on or before the first day of camp. The camp tuition includes: board, lodging, camp nursing care (except lice treatments), program supplies, staffing and activities.

### SIBLING CREDIT:

Family Foundations Minnesota, LLC extends a discount to families who enroll 2 or more children. The tuition is credited \$50 for each additional sibling enrolled.

### REFUND OF PAYMENTS:

Family Foundations Minnesota, LLC reserves the unrestricted right to dismiss, without a refund, any camper who exhibits emotional, psychological or behavioral conditions that are disruptive to the camp program or that are harmful to himself or the well being of other campers or staff without refund.

# Family Foundations Minnesota, LLC- Insurance Information

## Camper Application Form

TO BE COMPLETED BY PARENT OR GUARDIAN **(ONE FOR EACH CHILD)**

**CAMPER TREATMENT AUTHORIZATION & MEDICAL INSURANCE:** Infirmiry medical care is provided as part of the camp tuition (except for lice/nits treatments). Certain illnesses and/or injuries are referred by the Infirmiry Staff to outside medical professionals whose fees are not covered by the camp's tuition. *If it is necessary, in the judgment of the Camp Director, to use outside medical, surgical, or dental aid for the camper's health, the parent(s) or legal guardian hereby authorizes him to obtain this medical care and further agrees to pay for the medical services provided, including any medical expense not covered by the parent's/legal guardian's medical insurance policy. All campers are required to carry medical insurance.*

**CONDITIONS OF ENROLLMENT:** Family Foundations Minnesota, LLC strives to provide positive camp experiences for children with various needs whenever possible. Please provide information (attach a separate sheet) regarding your child's special needs, including any disabilities, disorders or medical problems with this application form. Failure to provide adequate information prior to your child attending camp may result in the camper being sent home without a refund. Family Foundations Minnesota, LLC cannot accept children who do not have the promise of living cooperatively with others.

I understand & certify that my child's participation in Family Foundations Minnesota, LLC camps and its activities (on or off-camp) is completely voluntary and I have familiarized myself with the camp's program and activities in which my child will be participating. I recognize that certain hazards and dangers are inherent in the Camp's programs particularly, but not limited to: water sports, high ropes course, athletic competition including bodily contact and contact with equipment and balls, intercamp games, and travel in camp-owned and leased vehicles. I acknowledge that, although Family Foundations Minnesota, LLC has taken safety measures to minimize the risk of injury to camp participants, the Camp cannot insure nor guarantee that the participants, equipment, premises and/or activities will be free of hazards, accidents or injuries. I recognize these risks and hereby assume these risks and agree to hold harmless and hereby release Family Foundations Minnesota, LLC, its directors, owners, agents, and employees from all liability for loss, damage, injury or illness to the camper or camper's property related to his/her participation in the camp program. Furthermore, I have instructed my child in the importance of knowing and abiding by the camp's rules, regulations and procedures for the safety of all camp participants, and the requirement that campers must attend scheduled activities and remain supervised at all times, and my child has agreed to do so. The Camp is not responsible for articles of clothing or personal belongings said to be lost or damaged by fire, theft or laundry.

I have read this enrollment application and agree to its terms and conditions. If this application is signed by one parent, I acknowledge that I am also acting as the agent of the other parent with the authority to enroll my child at Camp and to execute this agreement on his or her behalf. I recognize that Family Foundations Minnesota, LLC relies upon the representations made in this application in accepting this enrollment.

### Parent Certification:

#### Release for Promotional and Media Purposes

I give permission for my child's photographs, video, statements, artwork, and interviews, to be used by Family Foundations Minnesota, LLC. for purposes of promotion, media release or both. Please note that media interviews are always conducted under Family Foundations Minnesota, LLC staff supervision and only if the child is willing.  Yes  No.

#### Camp Attendance

I agree to my child's attendance at Family Foundations Minnesota, LLC camps and to his/her taking part in any excursions and/or activities arranged for the children in connection with the program. In consideration of the opportunity and privilege of attending Family Foundations Minnesota, LLC, I hereby knowingly, freely and voluntarily release Family Foundations Minnesota, LLC, Incorporated and its Board of Directors from any and all liability, claims, demands, actions and causes of actions whatsoever arising out of or related to any loss, damage or injury that my child may sustain while present at any Family Foundations Minnesota, LLC activity.

Signature/Consent \_\_\_\_\_  
(Parent or Guardian)

Date \_\_\_\_\_

# Family Foundations Minnesota, LLC- Insurance Information

## Camper Application Form

TO BE COMPLETED BY PARENT OR GUARDIAN **(ONE FOR EACH CHILD)**

### Waiver and Release of Liability

In consideration of **Character Challenge Course Company, LLC** (known in this document as **C4**) furnishing services and/or equipment to enable me to participate in the High Ropes Course and allowing me the use of part of the C4 facility and adjacent property, I agree as follows:

I fully understand and acknowledge that: 1. Risks and dangers exist in my use of High Ropes Course and/or other equipment and my participation in High Ropes Course activities or any other activities at **C4**; 2. My participation in such activities and/or use of such equipment may result in my injury or illness including but not limited to bodily injury, disease strains, fractures, partial and/or total paralysis, eye injury, blindness, heat stroke, heart attack, death or other ailments that could cause serious disability; 3. These risks and dangers may be caused by the negligence of the owners, employees, officers or agents of **C4**, the negligence of the participants, the negligence of others, accidents, breeches of contract, the forces of nature or other causes. These risks and dangers may arise from foreseeable or unforeseeable causes; and 4. By my participation in these activities and/or use of equipment, I hereby assume all risks and dangers and all responsibility for any losses and/or damages, whether caused in whole or in part by the negligence of other conduct of the owners, agents, officers, employees of **C4**, or by any other person.

I, on behalf of myself, my personal representatives and my heirs, hereby voluntarily agree to release, waive, discharge, hold harmless, defend and indemnify **C4** and its owners, agents, officers and employees from any and all claims, actions or losses for bodily injury, property damage, wrongful death, loss of services or otherwise which may arise from my activity at the **C4** facility whether caused or contributed to, in whole or in part, by the negligence of **C4**, its agents, employees, officers or representatives. I specifically understand that I am releasing, discharging and waiving any claim or cause of action that I may have presently or in the future against **C4**, its agents, employees, officers or representatives arising from my activity at the **C4** facilities and adjacent properties.

Safety Pledge: I agree that I will participate in a safety briefing before participating in the High Ropes Course that will be given by a **C4** employee covering the **C4** safety rules and fully understand that by signing below, I agree to abide strictly by these rules. I also agree to correctly wear my helmet and harness at all times while on the playing field or designated Climbing area. I will remove them only when instructed by a **C4** trained referee that it is safe to remove them. I also agree not to be under the influence of alcohol or under the influence of any drugs that can affect my judgment, perception, or physical movement while participating in the High Ropes Course at **C4**.

**I HAVE READ THE ABOVE WAIVER AND RELEASE AND BY SIGNING IT AGREE IT IS MY INTENTION TO EXEMPT AND RELIEVE CHARACTER CHALLENGE COURSE COMPANY, LLC FROM ANY LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE.**

Form must be completely filled out in order to participate in the High Challenge Course.

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Participant's Full Name

\_\_\_\_\_  
Age

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date of Birth

The undersigned parent or guardian has read the above Waiver, agrees to the terms and hereby gives permission for the above named minor to participate in the high ropes and low ropes course and other activities at the Character Challenge Course Company and hereby gives staff permission to authorize medical treatment as may be deemed necessary for the child named above while involved with in any other activities at the Character Challenge Course Company. The undersigned also provides acceptance and acknowledgement that pictures, video, and other marketing materials may be used during participation.

\_\_\_\_\_  
Signature of participant

\_\_\_\_\_  
Signature of PARENT/GUARDIAN



# Family Foundations Minnesota, LLC – Medical History

General Medical History - TO BE COMPLETED BY PARENT OR GUARDIAN

Camper's Name \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

IMMUNIZATIONS/ALLERGIES
<p><b><u>Immunization History</u></b>  <b>PLEASE ATTACH COPY OF CURRENT IMMUNIZATIONS.</b></p> <p>This camper is "EXEMPT" from immunizations for religious or personal reasons; I understand &amp; accept the risks to this camper of not being fully immunized.</p> <p>Parent Signature: _____ Date: _____</p>
<p>Date of last tetanus shot ____/____/____</p>
<p>Drug or Food Allergies:</p>

Please check  all that apply.

OTHER HEALTH CONCERNS	PHYSICAL RESTRICTIONS OR LIMITATIONS
<input type="checkbox"/> <b>Asthma</b>	<input type="checkbox"/> <b>High blood pressure</b>
<input type="checkbox"/> <b>Seizures</b>	<input type="checkbox"/> <b>Migraines</b>
<input type="checkbox"/> <b>Ear Infections</b>	<input type="checkbox"/> <b>Nosebleeds</b>
<input type="checkbox"/> <b>Diabetes</b>	<input type="checkbox"/> <b>Hives</b>
<input type="checkbox"/> <b>ADD/ADHD</b>	<input type="checkbox"/> <b>Emotional Concerns</b>
<input type="checkbox"/> <b>Developmental Delays</b>	<input type="checkbox"/> <b>Other (list below)</b>
<input type="checkbox"/> <b>Bed Wetting</b>	<input type="checkbox"/> <b>Been hospitalized (explain)</b>
	<input type="checkbox"/> <b>Visual Impairment</b>
	<input type="checkbox"/> <b>Crutches/cane</b>
	<input type="checkbox"/> <b>Splint</b>
	<input type="checkbox"/> <b>Hearing Impairment</b>
	<input type="checkbox"/> <b>Other:</b>

**Additional Notes:** \_\_\_\_\_

**Parent/Guardian Acknowledgment:** I have been informed by Family Foundations Minnesota, LLC and request that my child attend. The above information is correct to the best of my knowledge & belief. In my opinion this child is physically & mentally capable of attending a camp hosted by Family Foundations Minnesota, LLC.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Physician Acknowledgement**

I have been informed about Family Foundations Minnesota, LLC and the request of my patient to attend. The items are correct to the best of my knowledge and belief. In my opinion this patient is physically & mentally capable of attending a camp hosted by Family Foundations Minnesota, LLC.

Physician's Signature \_\_\_\_\_

Date \_\_\_\_\_

Physician's Name (Please Print) \_\_\_\_\_

Phone \_\_\_\_\_

# Family Foundations Minnesota, LLC – Camper Information

## Camper Information Form

**Camper:** This form will be shared with your camp counselor. After you fill it out, give it to your parents so they can send it in with your registration form.

**Parents:** Please add any information you feel would be helpful.

My name is (first and last)

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I like to be called (first and last)

---

My parents names are

---

I am \_\_\_\_\_ years old and my birthday is

---

I live at

---

My telephone number is (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

---

My email address is

---

I go to \_\_\_\_\_ school and am in the \_\_\_\_\_ grade.

---

My favorite subject is

---

This will be my \_\_\_\_\_ (first, second...) camp, and I am especially looking forward to

---

My favorite color is

---

My hobbies are:

---

My favorite TV show is

---

My favorite TV or Movie actors are

---

The sport I like the best is

---

My favorite sports star is

---

I like the music of

---

My favorite food is \_\_\_\_\_ and I have a \_\_\_\_\_ appetite.

---

I have \_\_\_\_\_ brothers and \_\_\_\_\_ sisters.

---

Their names and ages are:

	age		age
	age		Age

I would like my companion to know

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If I have a photo of myself, I will attach it to this form so you will know what I look like. See you at camp!

