

**LIFE CAMP
Northwoods Camp
2009 Applications**

Please mail applications to:
The Salvation Army
2445 Prior Ave. N
Roseville, MN 55113
Attn: Carrie Kane

Website: www.thesalarmy.org

OFFICE USE ONLY
Date Received: _____
Complete YD Initial: _____

CAMPER INFORMATION

Camper Name (Last) _____ (First) _____ Date of Birth: ___/___/___ Age: ___
Sex: ___
Address: _____ Grade completed: ___
City: _____ State: ___ Zip Code: _____ Phone: (____) _____
School Name: _____ T-shirt Size: Please circle Adult: 2X XL L M S Youth: L M S

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name: _____
Address (If different from above): _____
Phone Number: (____) _____ Relationship to Camper: _____
Parent/Guardian Work or Emergency Phone Number: (____) _____
Additional parent/guardian emergency phone Number: _____
IF PARENT/GUARDIAN NOT AVAILABLE, CONTACT (Must be someone who is available throughout the encampment):
Name: _____ Relationship to camper: _____
Complete Address: _____
Daytime phone number: (____) _____ Evening phone number: (____) _____

PHYSICIAN INFORMATION

Name of family Physician: _____ Phone Number: (____) _____
Date of last physical examination: ___/___/___ Family Insurance Carrier: _____ Policy #: _____

**** A COPY OF THE CAMPER'S HEALTH INSURANCE CARD MUST BE ATTACHED****

HEALTH HISTORY – (Check – giving appropriate dates of last incident)

Bleeding/Clotting Disorder _____	Heart Defect/Disease: _____	ALLERGIES:
Convulsions/Epilepsy: _____	Hypertension: _____	Asthma: _____ If yes, does camper carry medication? _____
Heat/Sun-Related Problems: _____	Mononucleosis: _____	Hay Fever: _____ Penicillin: _____
Frequent Ear Infection: _____	Diabetes: _____	Insect Stings: _____ Insect Repellent: _____
ADD/ADHD: _____ (if yes, is camper currently taking medications?) _____		Poison Ivy: _____

If yes, please describe. Include dates, and list any resulting physical limitations, etc. (Please circle)

Operation/Serious Injuries?	No	Yes	_____
Current Infectious Diseases?	No	Yes	_____
Dietary Modifications/Food Allergies?	No	Yes	_____
Current Medications camper will have at camp?	Please list →		_____
(All medications must be in <u>original containers</u> with doctor's dosage instructions.)			

Other diseases or details of above:			
(Female) Has this person menstruated?	No	Yes	_____
If yes, is her menstrual history normal?	No	Yes	_____
If no, has she been told about it?	No	Yes	_____

Camp Sessions Attending

July 28-31
Completed grades 1st -5th

Name: _____
First _____
Last _____

IMMUNIZATION HISTORY

Date of last immunization is necessary!
"Current" or "Up-to-date" is NOT specific enough

<u>Vaccines:</u>	<u>Year of Immunization:</u>
Diphtheria, Pertussis, Tetanus (DPT)	_____
Polio (Oral)	_____
Other: _____	_____
Tuberculin Test given? _____	_____

Other Information

Any specific activities to be encouraged or limited, behavioral considerations, or special health-related information for camp personnel or Camp Nurse?

*Campers **MUST BE** free of Head Lice before coming to camp. Campers who have Head Lice will be sent home for treatment.

PARENT/GUARDIAN AUTHORIZATION

This health history is correct to the best of my knowledge. The person herein described has permission to engage in all prescribed camp activities except as noted by me on the informed consent portion of this application. I have reviewed and consent of the Camper Release Policy and the camper Code of Conduct. **Parents will be notified immediately of any injury or illness requiring off-site treatment.**

(Check one of the following boxes)

I give permission to The Salvation Army Northwoods Camp to secure emergency medical and surgical treatment (including, but not limited to x-rays, routine test, injections, and anesthesia) and hospitalization for this child if there is insufficient time to contact me. I further authorize routine, non-surgical medical care (including dispensing of non-prescription drugs for illness, the treatment of injury, insect bites, etc.) at the discretion of the camp nurse.

I do not give permission to The Salvation Army Northwoods Camp to secure emergency medical and surgical treatment for this child due to my religious objection. If there is a religious objection, the authorized person must submit a written statement to the effect that the camper is in good health and that the person signing assumes the health responsibility for the camper.

FOR SERVICE EXTENSION REPRESENTATIVE USE ONLY

(Check off as items are accomplished)
Camper will not be registered until all items are completed

- Copy of Health Insurance Card (Pg. 1)
- Immunization History Completed (Pg. 2)
- Consent to Publication complete (Pg. 3)
- Parent/Guardian **and** Camper Signature on Back of Application (Pg. 4)
- Food Service Form (Please make sure **EVERYTHING** is filled out) (Insert)

Corrections Department Signature: _____ Date: _____



Camper's Name: (Last, First) _____

Consent to Publication by The Salvation Army

I certify that I am at least 21* years of age, my birth date being _____, 19____, and having the right to contract in my own name and to the extent herein set forth.

I hereby irrevocably grant to The Salvation Army, its successors and assigns, its agents and those by whom it is commissioned, the absolute, unrestricted and unlimited license, right, permission and consent to use and reuse, disseminate, copyright, print, reproduce, publish and republish, for any and all trade purposes or commercial or other advertising or public purposes, and in any and all advertising, publicity, display, publication or media, my name, signature and likeness, and any portraits, pictures, photographic prints or other representations of me, or in which I may appear, or any reproductions or sketches thereof or parts thereof, photographic or otherwise, with such additions, deletions, alterations or changes therein as you in your discretion may make, either separately or together with my name or a fictitious name, or the name of another person, with or without any statements or testimonials made by me, or authorized by me which you may, in your discretion, prepare for use in connection therewith. I warrant that I have not limited or restricted the use of my name or photograph to the use of any organization or person. I hereby grant unrestricted use of audio tracks or text by The Salvation Army for such purposes as The Salvation Army may deem appropriate.

I hereby release and discharge The Salvation Army, its successors, assigns and agents from any and all claims and demands arising out of or in connection with the use of any of the foregoing, including any claims for defamation, invasion of privacy or violation of any statutory right.

Witness by my hand as noted and sealed this day.

Print Name	Sign Name	Address	Date

Authorization relating to a minor or individual under local guardianship

I hereby certify that I am the (parent) (legal guardian) of a minor child or dependent _____, and have executed this release on (his) (her) behalf.

Print Name	Sign Name	Address	Date

Witness to execution of release

Print Name	Sign Name	Address	Date

**Substitute age of majority, if less than 21 years, in the State of residency of the subject of consent.*

CAMPER RELEASE POLICY:

It is our intent that children attending camp do so for the entire camping period. There are, however, emergency situations when campers must leave early. In those cases, campers will be released to the representative of the sponsoring agency bringing the child to camp or a legal parent/guardian whose signature appears on the camper's registration form. **Campers WILL NOT be released to any other person** without **written consent** signed by the legal parent/guardian and **prior notification** of the camp office, (320) 233-0711. Thank you for your cooperation in this policy. It is intended for your child's safety.

CODE OF CONDUCT & DISCIPLINE

I AGREE to abide by the following code of conduct and rules instituted for the benefit and safe participation of all camper and staff:

1. To dress appropriately for recreational purposes and wear whatever clothing and/or equipment deemed necessary by the camp (See dress code). Modest one-piece bathing suits must be worn while swimming. Bikini, thong, french-cut or similar low cut back or high legs styles are not permitted.
2. To respect the rights, privacy and property of others by not stealing, fighting, lying, cheating, etc.
3. To respect the property and facilities of the camp, The Salvation Army, and adjoining properties.
4. To attend and participate in all scheduled programs, activities and meals and to abide by the curfew established by the camp in a courteous, respectful and prompt manner.
5. Not to possess or use any alcohol or non-prescription drugs during camp, not to bring flammable or explosive materials, poisons, weapons or pets to camp. (All medications must be turned in to the Camp Nurse at registration.)
6. To respectfully cooperate with camp staff, other campers and visitors of Northwoods Camp.
7. To abide by all local, state and federal law.
8. To obey all rules of Northwoods Camp and to comply with all routine and emergency instructions of the camp staff.
9. To attend and be respectful of all worship services, classes and sessions.
10. To stay on camp grounds throughout the camping session.
11. Not to enter any cabin I am not assigned to. Girls and Boys are not allowed in opposite sex cabins. FAILURE TO COMPLY WILL WARRANT IMMEDIATE DISMISSAL FROM CAMP.

The rules, regulations, policies, procedures, and The Salvation Army's Northwoods Camp philosophy have been discussed with me. I have full understanding of them and agree to abide by them.

Camper Signature: _____

I give permission for (Camper Name) _____ to attend The Salvation Army Northwoods Camp. I certify that all information given in this application is true to my ability.

Parent/Guardian Signature: _____ **Date:** _____

Parent/Guardian's Name (Printed): _____

Dear Parent/Guardian,

 The Salvation Army – Northwoods Camp sponsors the Summer Food Service Program.
(Sponsoring Authority)

Free meals are available to children 18 years of age and under or persons over age 18 who are determined by a state or local public educational agency to be mentally or physically disabled. Meals are provided without regard to race, color, national origin, age, sex or disability.

A LIST OF OUR LOCATIONS, DATES OF OPERATION, AND TYPES AND TIMES OF MEALS IS EITHER SHOWN HERE OR ATTACHED.

The information you provide on the Household Income Statement will be used only to help our organization receive federal funding for the meals. If your household's income level is at or below the amount listed below for the size of your household, please complete the attached Household Income Statement. Children who receive food stamp, MFIP, or FDPIR benefits automatically qualify by completing the Household Income Statement with their assistance number.

Total Household Income - Maximum

Household Size	\$ Per Year	\$ Per Month	\$ Twice Per Month	\$ Per 2 Weeks	\$ Per Week
1	19,240	1,604	802	740	370
2	25,900	2,159	1,080	997	499
3	32,560	2,714	1,357	1,253	627
4	39,220	3,269	1,635	1,509	755
5	45,880	3,824	1,912	1,765	883
6	52,540	4,379	2,190	2,021	1,011
7	59,200	4,934	2,467	2,277	1,139
8	65,860	5,489	2,745	2,534	1,267
For each additional household member add:	6,660	555	278	257	129

In accordance with federal law and U.S. Department of Agriculture policy, this organization is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue S.W., Washington, DC 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

CIVIL RIGHTS INFORMATION

Provision of this information is voluntary, is not part of the application, and has no effect on the determination of eligibility to receive benefits. This information will be used to determine whether or not the institution is complying with applicable provisions of civil rights laws. If you do not provide this information, a representative of the SFSP organization is required to identify the racial/ethnic category of the participant.

1. The child is (check one): Hispanic or Latino
 Not Hispanic or Latino
2. The race of the child is (check one or more):
- | | |
|--|--------------------------------|
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Black |
| <input type="checkbox"/> Asian | <input type="checkbox"/> White |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | |

- Identified by Participant or Other Adult Family Member Identified by Institution Representative

SOCIAL SECURITY NUMBER

Section 9 of the National School Lunch Act requires that an adult household member signing this form provide their Social Security number, unless a Food Stamp, SSI or Medicaid assistance identification number is provided for the adult participant. If the person signing the form has no Social Security number, write "None." Provision of a Social Security number is not mandatory, but if you do not provide a Social Security number as requested, the participant will not be eligible for free or reduced price meals. The Social Security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on this application. These verification efforts may be carried out through program reviews, audits, and investigations, and may include contacting employers to determine income, contacting a Food Stamp or Social Security office to determine current certification for receipt of Food Stamps, Medicaid or SSI benefits, contacting the State Employment Security Office to determine the amount of benefits received, and checking the documentation produced by household members to prove the amount of income received. These efforts may result in loss of reduction of benefits, administrative claims, or legal action if incorrect information is reported.

FLUCTUATING INCOME

FARMER OR SELF-EMPLOYED: Income is net business income (after deducting expenses) during the year. List average net income per month or other frequency. A loss from self-employment must be listed as zero income and does not reduce other income for the purpose of completing this form.

SEASONAL WORKER: Income is the average gross income (before deductions during the year. List average gross income per month or other frequency.

FOSTER CHILD

DEFINITION: A foster child is a child who is living with a household but who remains the legal responsibility of the welfare agency or court. A foster child is considered a household of one.

INCOME FOR FOSTER CHILDREN: In determining income for the foster child, **ONLY** the following should be considered:

1. Funds provided by the welfare agency which are specifically identified by category for personal use of the child, such as clothing, school fees, and allowances. Welfare funds identified by category for shelter and care and those identified as special needs funds, such as those for medical and therapeutic needs are not considered as income. Where welfare funds cannot be identified by category, no portion of the provided funds is considered as income.
2. Other funds received by the child. This includes, but is not limited to, monies provided by the child's family for personal use and earnings from employment other than occasional or part-time jobs.

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Ave. S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.