



GENERAL INFORMATION

Camper Name _____ Age: _____ Birthdate: _____ Sex: M or F

Address _____ County: _____

City _____ State _____ Zip _____ Phone: _____

Does this person live with his/her parents? Yes No

If no, name of place of residence: _____ Phone: _____

Has this Camper attended SOS Camp before? Yes No If yes, what years: _____

EMERGENCY CONTACT INFORMATION

Who should be contacted in case of an emergency?

Name: _____ Relationship to Camper: _____ Phone: _____

Parent/Guardian: _____ Phone: _____

PAYMENT (Please Complete all that Apply)

Total cost of S.O.S Camp: \$470.00

_____ (Insert Name or Organization) will be paying the **entire** fee for this camper.

OR

_____ will be paying _____ (insert amount) &
_____ will be paying the balance of _____.

PARENT/GUARDIAN CONSENT

I hereby give my permission for _____ to attend Shetek SOS Camp. Permission is given to use photographs and names of my son/daughter in camp promotions, including online. I understand precaution is taken to safeguard the health and safety of the campers under the supervision of Shetek Lutheran Ministries. I agree to relieve Shetek Lutheran Ministries and all personnel from any liability in connection with this activity.

Signature: _____ Date: _____

RETURN APPLICATION

In order to be considered registered and to hold a place for SOS Camp 2023, all forms (aside from the Physician's Form, which can be submitted at a later date) must be returned to Shetek Lutheran Ministries with a \$75.00 deposit. SOS Camp fills quickly so register early to avoid being placed on a waiting list. Bring changes in behavior or medication with you to the camp registration on July 10, 2023 OR fill out online.

Mail Application to: Shetek Lutheran Ministries/14 Keeley Island Dr./Slayton, MN 56172

For office use only:

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Registration | <input type="checkbox"/> Personality History | <input type="checkbox"/> Deposit |
| <input type="checkbox"/> Consent | <input type="checkbox"/> Physician's Form | <input type="checkbox"/> Balance Paid |
| <input type="checkbox"/> Health History | <input type="checkbox"/> Medication Sheet | <input type="checkbox"/> _____ |

(Additional information to be completed on the back of this form)