



Kidscamp@friendsoffinland.org; 218-353-0300

## June 17th - 20th, 2024 at the Clair Nelson Community Center

Welcome to another year of Camp Finland. To attend this year, fill out and return this form to: **The Clair Nelson Center, PO Box 582, 6866 Cramer Road, Finland, MN 55603**

**Deadline for Registration is May 17th!**

Camper Name(s): \_\_\_\_\_

Camper Birth Date(s): \_\_\_\_\_

Mailing Address : \_\_\_\_\_

Parent/Legal Guardian Name (s): \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell(s) \_\_\_\_\_ Work \_\_\_\_\_

**E-Mail (required):** \_\_\_\_\_ **Preferred Contact Method:** \_\_\_\_\_

Alternate Emergency Contact (**Non Parent/Guardian**)Name(s): \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell(s) \_\_\_\_\_ Work(s) \_\_\_\_\_

### **AGREEMENT TO PARTICIPATE:**

“I accept the fact that the program staff cannot guarantee my total safety since some risks in camp programs are beyond their control. I agree to follow all instructions and guidelines provided to me by the Camp Finland staff and adult volunteers ; to use the equipment in the manner I was instructed; to set my own level of comfort and not be coerced by the instructors or other participants; to act in a safe and responsible manner toward all participants and the environment; and to point out any hazardous situations that I am aware of to the instructors attention.”

Camper Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please read and fill out the back of this document also.**

**INFORMED CONSENT AND ACKNOWLEDGMENT:**

My child has permission to participate in any and all activities prepared by Camp Finland Staff. I assume all risks and hazards incidental to the conduct of the activities. I agree for myself, my heirs, executors, and administrators to exempt and release, hold harmless, and forever discharge Clair Nelson Camp Finland staff, employees, board of directors, and volunteers from any and all liability, claims, demands or causes or action whatsoever arising out of any damage, loss or injury, or property damage occurring from my child’s participation in Camp Finland activities including transportation to and from the activity(ies). I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and a contract between myself and Clair Nelson Camp Finland.

**Parent/Legal Guardian Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Any additional information** about your teen/s you’d like staff to have (it will be kept private among staff)

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The **cost of Kids Camp** is **\$75 per youth**, but we want all youth to be able to come regardless of funds. If you can't afford the full cost, feel free to pay what you can or **check this box** , and we’ll waive the fees thanks to our generous supporters. **If you're paying, please send a check with this form.**

- I have checked this box to indicate that I understand to finalize my registration, that I will be sent a Youth Health Form and a Behavior Agreement Form and that a completed and signed copy of each form, for each youth camper, is required for participation in Camp Finland. I will either send these forms electronically or drop them off or mail them to the Clair Nelson Center prior to starting camp.

**Media Release:**

**I give permission** for Camp Finland to use my or my minor camper(s) photos participating in Camp activities for promotional purposes on its website or publications. I understand such photos will not be sold, or otherwise reproduced.

Parent/Legal Guardian Signature

\_\_\_\_\_ **Date:** \_\_\_\_\_