

REGISTRATION FORM
Sokol Minnesota's Czech and Slovak Cultural Day Camp
June 13 to 17, 2011 or June 15 to 17, 2011

Camper's Name	Date of Birth	Age
<hr/> Camper 1.		
<hr/> Camper 2.		
<hr/> Camper 3.		
Parent or Guardian's Name(s): _____		
Address: _____ City _____ State: _____ Zip _____		
Telephone: (____) _____ Work/Cell (____) _____		
E mail _____		
My Camp Buddy (1 allowed): _____		

Payment: _____ \$85.00 Campers of Sokol MN members or \$51.00 for 3-day session
_____ \$115.00 Campers of non-Sokol members or \$69 for 3-day session
(Please mail your registration now.)

_____ will be a full-time volunteer. _____
(Volunteer's name) **(Will attend camp for \$35.00)**
One child per volunteer. Additional children will attend at the regular fee.

I wish to register my child and consent to my child's participation in the Sokol MN Cultural Day Camp, located at the CSPS Hall, during the summer of 2011.
I recognize that participation in recreation and instructional activities, even when well supervised and managed, poses a risk to my child and I agree to assume such risk on the be half of my child.
I understand that children registered for Sokol MN Cultural Day Camp will spend some time performing enrichment and sports activities under the supervision of group leaders and experienced instructors and I consent to my child's participation in these activities.
I consent to the use of video recordings and photographs of my child's participation in the Sokol MN Cultural Day Camp.
In case of injury, I authorize the staff of Sokol MN Cultural Day Camp to render first aid And/or obtain whatever medical treatment is deemed necessary for the welfare of my child, listed on this registration. I further understand and agree that I will be financially responsible for all charges and fees incurred in the rendering of said treatment, regardless of whether my medical insurance would cover such charges and fees.
I, the undersigned, hereby hold Czech and Slovak Sokol Minnesota harmless from liability For any and all medical and/or accidental expenses which my minor child may incur during his/her involvement in the Czech and Slovak Cultural Day Camp.

I have read, understand and agree to the terms and conditions of this registration as they relate to my child

Parent/Guardian's Signature _____
Date

Return to: Judy Aubrecht, registrar
Sokol MN Czech and Slovak Cultural Day Camp
2106 Berkeley Avenue, Saint Paul, MN 55105

Medical Information
Czech and Slovak Children's Cultural Day Camp

Camper's name(s): 1. _____
2. _____
3. _____

In case of an emergency for my camper(s), contact the following individuals:

Name of emergency contact	Relation	Telephone #
1. _____	_____	_____
2. _____	_____	_____

Attending physician's name: _____ **Telephone#** _____
Hospital: _____ **Telephone#** _____
Medical Insurance Company: _____ **Policy #** _____

Medical conditions that the Sokol MN Cultural Day Camp staff and medical emergency services personnel need to be made aware of include: _____

I understand, agree, and acknowledge that some activities may be of a physical and/or strenuous nature. Understanding this, I state to the best of my knowledge that the child(ren) listed in this registration has/have no medical conditions or impairments, including the use of medication that might inhibit his /her active participation in the Sokol MN Cultural Day Camp.

I understand that I am required to have accidental medical coverage for the child(ren) listed on this registration, and I verify that the information provided on my insurance policy is accurate and true.

Print name(s) of parent(s) or guardian(s)

Parent/guardian signature

Date

VOLUNTEER FORM

Sokol Minnesota's Czech and Slovak Children's Cultural Day Camp

June 13 to 17, 2011

Volunteer's name: _____

Address: _____ **Zip Code** _____

Home telephone # (_____) _____ Work/Cell # (_____) _____

E mail _____

I will volunteer to: _____

_____ **Yes, I will be a full-time volunteer**

I will volunteer at camp from June 13 to 17, 2011 on the following day(s):

_____ **Monday** _____ **Tuesday** _____ **Wednesday** _____ **Thursday** _____ **Friday**

_____ **Name of camper who will attend camp for \$35.00**

(\$7.00 per day). Additional children will attend at the regular fee.

**Return to: Judy Aubrecht, Registrar
Sokol MN Czech and Slovak Cultural Day Camp
2106 Berkeley Avenue
Saint Paul, MN 55105
651-699-5148**

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